North Carolina Pharmacist

Vol. 90, Number 1 | *Advancing Pharmacy. Improving Health.* | Winter 2010

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North Carolina Pharmacist

Volume 90, Number 1 Winter 2010

Inside

Advancing Pharmacy. Improving Health.

In 1880 the North Carolina Legislature incorporated the North Carolina Pharmaceutical Association (NCPhA) as part of the North Carolina Pharmacy Practice Act. Subsequently, other pharmacy organizations were formed as pharmacists began to practice in different settings. During the 90's pharmacists began asking if there was a better way to organize pharmacy at the state level. In 1999 the decision was made to merge all organizations to form the North Carolina Association of Pharmacists (NCAP). NCAP had a slow beginning because resources necessary to run a strong organization were not present. Now looking back after ten years, great progress has been made. We summarize that progress in this journal. Our progress is due to our many, willing, dedicated volunteers. We salute those whose contributions helped achieve these accomplishments.

But, we can not sit back and relax. This upcoming legislative short session may be critical for pharmacy. We are not meeting our current North Carolina budget revenue projections. North Carolina Medicaid has more expenses than anticipated because of increased enrollees and the cost of care provided. Our lobbyist, Evelyn Hawthorne, will be there to protect pharmacy's interest, and we will communicate the message our members need to convey to their legislators. Together we can make pharmacy secure. Pharmacist Tom Murry is running for the North Carolina Legislature. It's been many years since we had a pharmacist in our Legislature. With a pharmacist standing for election to the General Assembly, the pharmacy community would finally have the chance to support someone who could protect and promote this critical part of North Carolina's health care services.

Now my other message to all North Carolina pharmacists who are receiving this special journal issue: NCAP is a membership organization, and you have heard our leadership and myself preach the value and importance of membership. NCAP's membership still represents less than 25% of North Carolina licensed pharmacists living in the state. We have accomplished much with our limited resources. How much more could we accomplish if, as we represent all North Carolina pharmacists, we had them paying dues too. The additional resources available could expand staff, improve services and better advance North Carolina pharmacy.

NCAP is not alone as we struggle to increase our membership and our financial base. Most pharmacy organizations face the same problem. Tim Musselman, Executive Director of the Virginia Pharmacists Association, talked about the issue of membership value recently. I paraphrase his remarks to those non-NCAP members who read this report:

> *Members of all associations are members because they see the value in their membership. What is this value? I personally can't tell you because each individual out there can value something different. Is it the benefits of membership through our endorsements? Is it the continuing education? Could it be the legislative advocacy that we provide? Is it the networking? Or could it be that you are a member because it helps you sleep better at night, knowing that someone is there looking out for the profession that you value? Never again should we accept the response from non-members that "I don't need to be a member because they'll still be fighting for pharmacy even without me." The answer to that should be "if you and others were members, imagine what more we could accomplish as a profession."*

That is my personal plea to each of you. We need you. This issue of *North Carolina Pharmacist* should help convince you that more than our needing you, you need us because that $175 per year investment will pay much greater returns. Please get on board by completing the membership application on page 23 or go online to www.ncpharmacists.org and join today.

Fred M. Eckel
Executive Director

North Carolina Association of Pharmacists
109 Church Street
Chapel Hill, NC 27516
phone: 919 967 2237 • fax 919 968.9430

Dear All,

Welcome to 2010 and the 10th anniversary of the North Carolina Association of Pharmacists. A new year brings with it time for reflection of past accomplishments as well as ideas for change in the future. Think back to 1999 and the early innovators who dreamed of a unified organization – a concept not common to pharmacy associations. You may have been one of those early pioneers who worked diligently to unify the profession of pharmacy in North Carolina and for that work, we are all grateful. Reflecting back on the past ten years, NCAP has certainly made a difference in the practice of pharmacy within the state. In this issue of the Journal, we will hear from past NCAP Presidents as they recap their presidential years as well as the accomplishments of NCAP. A feature you definitely do not want to miss. I wish to personally thank each one of them for their ongoing contributions to the success of our organization.

I am both enthusiastic and humbled to begin my term as NCAP President during our 10th anniversary year. Ten years ago I could not imagine leading this organization; however, now that I am here, I am more than ready for the challenge. NCAP is positioned to do great things for the profession of pharmacy over the next ten years and we need all pharmacists on board to help turn our plans into a reality. In late August 2009 a group of NCAP members met to develop our three-year strategic plan. I left that meeting not only proud of our accomplishments, but more excited about the passion and camaraderie I felt in the room. NCAP is entering a new era and I am honored to help take the lead.

NCAP's Strategic Plan for 2010-2012 includes three main areas of focus: education, membership and legislative advocacy. We recognize that we are entering a new era of information exchange and our educational efforts need to address such changes. NCAP wants to provide continuing education that is innovative and interactive. Legislative advocacy is another focus of NCAP's strategic plan. Pursuing expansion of immunizations and providing pharmacists with guidance to get involved with legislative issues are just two objectives of the plan. We all know how important legislative advocacy will be during 2010 and beyond. The third area of focus is increasing and retaining membership. NCAP is only as strong as the membership, and I wish to thank our current members for all their hard work.

For those of you who are not current members, I would challenge you to ask yourself why? What would North Carolina pharmacy look like without NCAP? What could NCAP accomplish in the next ten years if you were a member? I hear many pharmacists throughout the state comment that they are not members of NCAP because no one ever asked them to join. Consider this an open invitation – I am asking you to join NCAP. Join and get involved. Make your voice heard. Invest in the future of pharmacy by demonstrating your leadership and assisting the profession. Work with other pharmacists in various practice settings to make the pharmacy profession exactly what you want it to be – every day, to everyone, all the time - period.

Regards,
Regina H. Schomberg
President

Advancing Pharmacy. Improving Health.

One Voice. One Vision.

Ten years ago, the North Carolina Pharmaceutical Association, the North Carolina Chapter of the American Society of Consultant Pharmacists, the North Carolina Retail Pharmacy Association, and the North Carolina Society of Health-System Pharmacists merged to create the North Carolina Association of Pharmacists. NCAP became the first unified state organization representing the profession of pharmacy. Dan Garrett helped orchestrate the unification and served as NCAP's first Executive Director.

The Asheville Project

Pharmacists in North Carolina have made a tremendous difference in the health and lives of patients since the Asheville Project was born. NCAP worked through its affiliate, the North Carolina Center for Pharmaceutical Care, to help develop, support and advance this well-known, national model for patient care. The Asheville Project proved that pharmaceutical care is a cost-effective intervention that will reduce long-term complications of chronic disease. NCAP continues to promote the pharmacists' role in chronic disease management.

2000

Kevin Almond, RPh
Associate Dean,
UNC Eshelman
School of Pharmacy

As the last president of the North Carolina Pharmaceutical Association and the first president of NCAP, my 18 months was spent primarily in transition. The board and I were charged with creating a new organization that would be an umbrella for all of the different areas of practice. It was a challenging time because NCPhA had served us so well in the past and was always considered to be one of the top five associations in the nation. Over time, however, everything needs to be reevaluated and our professional association took the time to look at itself and the future and determine how we might best meet the needs of pharmacists and our ancillary personnel.

We determined that speaking with one voice had been a weakness when approaching professional issues. Having multiple pharmacy groups was sometimes beneficial in networking with pharmacists in a particular area of practice as well as focusing continuing education towards specific practice. We determined, however, that these silos created disinterest in other practice areas and a certain amount of ignorance on issues affecting our colleagues and the health of their practice.

Redundancy in office expenses and management expenses with so many groups could be reduced if we focused on one staff for all. A physical facility already existed and the ability to communicate with vast audiences in a timely manner would be possible with paid staff as opposed to volunteers as some groups were accustomed. Some economy of scale should be achieved with combining organizations.

In retrospect, NCAP has accomplished many of those things but we must continue growing our outreach and programs if we are to be the model for others to emulate. More voices need to be heard and that comes with increased membership. When NCAP speaks, we should be representing the majority of registered pharmacists working in the state, not one-fifth. The luxury of a strong association protecting the profession and providing enriching continuous learning opportunities must be valued by every pharmacist.

As a pragmatist, I think everyone should join because you believe your support is crucial to advancing every facet of our profession. Yet, the question that we ask ourselves today is, "what will I get if I join?" I don't think there's a good answer for that because our profession is constantly changing. Whether its legislation, practice standards, or patient care issues, these issues will constantly influence the answer to that question. Therefore, joining at the times when it's important to you is not an option, and sitting on the sidelines knowing that someone else is protecting the profession is freeloading. For the past few decades we have talked about not giving our services away for free. I think we should think about that in our response to NCAP membership. Don't expect them to give their services away for free.

The accurate question might be, "what will I miss if I don't join." All of the above issues are being monitored by your professional association. NCAP volunteers are meeting regularly to work on pharmacists' behalf. If you are too busy to be actively involved in NCAP, as a member you can trust and rely on others to protect our profession and make it better for the patients that we have pledged to serve.

Clinical Pharmacist Practitioner Act

NCAP was instrumental in forming the collaboration between pharmacists and physicians in North Carolina that has allowed patients a new way to access healthcare and improve drug therapy outcomes. A Clinical Pharmacist Practitioner (CPP) works directly with a physician to provide drug therapy management to patients. CPPs have the authority to change existing medication orders or prescribe new drug therapies, as well as order medical tests under this collaborative agreement. Today there are over 75 pharmacists, licensed by the Boards of Pharmacy and Medicine, practicing as CPPs in North Carolina.

www.ncpharmacists.org

In its inaugural year, the NCAP Web site was noted as one of the leading association sites in the southeast. Tapping into the information highway connected members to a multitude of resources and enhanced member communication.

First Annual Residency Conference

Current and future pharmacy leaders met in Chapel Hill for what has become an annual tradition, the NCAP Residency Conference. The event provides residents with an opportunity to network and develop relationships with fellow residents and pharmacy leaders from across the state.

Pharmacy Day in the Legislature

Pharmacy Day in the Legislature was held in Raleigh, building the foundation for ongoing political advocacy efforts. Pharmacy's message is delivered directly to state legislators by offering members a chance to meet and interact with their elected officials. In 2000, NCAP employed the North Carolina lobbying firm of Zeb Alley and Associates to monitor legislative activities and represent the best interests of pharmacy

2001

William Harris, RPh
Medication Safety
Pharmacist,
Duke University Hospital

In 2001, NCAP worked with all pharmacy practitioners to demonstrate the "One Voice, One Vision" philosophy in serving our patients and enhancing our image. NCAP's goal was professional unity and increased visibility. Our lobbyist helped us share our vision in the Legislature and keep our leaders informed of changes that affect pharmacy. This model has served pharmacy well and must be continued in the future to keep pharmacy united and focused

Goals included increased communication to all pharmacy professionals, communicating the value of pharmacists to patients, demonstrating a united voice in the Legislature, correcting problems with prescription cards and payment programs, obtaining approval for Clinical Pharmacist Practitioners (CPP), increasing payment for cognitive pharmacy services and monitoring drug therapy, recognizing pharmacists as health care providers by Medicare, developing additional community health programs in diabetes, hypertension, asthma and other chronic diseases, increasing membership and involving pharmacy students in the Association.

NCAP leaders utilized the Practice Forums to increase communication to members, share success stories, organize and facilitate meetings and develop educational programs to meet these goals. *North Carolina Pharmacist* included success stories by entrepreneurial pharmacists, clinical pharmacists, new practitioners and pharmacy managers to demonstrate opportunities and ingenuity in practice. NCAP improved its Web site with additional resources, practice information, links, member services and *E-News Now!*

NCAP leaders worked with the Medical Board, Board of Pharmacy and Nursing Board to pass legislation for CPPs. NCAP worked with the national pharmacy organizations to introduce legislation to recognize pharmacists as health care providers within the Medicare program. Members encouraged all North Carolina pharmacists to contact Senators and Representatives and ask them to push this legislation.

If NCAP did not exist, North Carolina pharmacists would not be as informed, prepared, recognized and focused on issues which can quickly harm pharmacy practice, decrease or eliminate payment for services and put barriers between pharmacists and patients. Without unity, pharmacy would have little success in influencing state and national legislation.

NCAP needs every pharmacist and pharmacy technician to become a member and actively participate. NCAP's goal of professional unity will be greatly enhanced and pharmacy will be stronger. NCAP leaders need your ideas, ingenuity, success stories and support to ensure professional and clinical success. If you are registered to practice in North Carolina, you need to join your colleagues in keeping NCAP strong and focused on the main pharmacy issues.

New Executive Director

Fred Eckel, a long-time, nationally recognized pharmacy leader, became NCAP's second, and current Executive Director.

PR Toolkit

The "NCAP Public Relations Toolkit" helped members carry out the 2001 Implementation Plan: Communicating the Value of the Pharmacist and the Role of the Pharmacy Technician to the Public.

North Carolina Medicaid Program

NCAP's Medicaid Advisory Committee worked closely with lobbyist Zeb Alley, and the North Carolina Pharmacy Lobbying Coalition to address the reduction in pharmacists' dispensing fees and assure fair treatment of community pharmacists.

Pharmacist Technician Bill

NCAP is committed to the professionalization of the pharmacy technician. The Association was instrumental in developing language for the Pharmacist Technician Bill that defines technicians and requires registration with the Board of Pharmacy. This effort has resulted in new training and employment opportunities for pharmacy technicians.

Technician Certification Exam Review Course

This popular course, offered several times a year, helps technicians prepare for the PTCB Exam, provides live CE, and meets the Board of Pharmacy's formal training requirements.

2002

Ross Brickley, RPh, MBA, CGP
President
CCRx of NC, Inc.

In 2002, NCAP was going through a leadership transition with Fred Eckel completing his first year as Executive Director. NCAP had just finished a successful state legislative campaign in maintaining our reimbursement for Medicaid prescriptions. NCAPs previous effort in establishing a "Technician Task Force" to clarify the role of pharmacy technicians in North Carolina led to legislation being passed that established minimum training requirements for new technicians; facilitated tracking of technicians via a registration process; and allowed expansion of the 2:1 technician to pharmacist ratio if the technicians have passed a nationally recognized pharmacy technician certification exam. As the year came to a close, NCAP continued to strengthen the voice of pharmacists regarding the role of pharmacists in assuring the safe and effective use of medications by patients. Part of our focus transitioned to the political debate surrounding the Medicare out-patient drug benefit. Little did we know that reimbursement for dispensing prescriptions would shift from a State to a Federal level with the passage of the Medicare Modernization Act.

Without NCAP, the voice of pharmacists would not be heard in North Carolina or across the nation. NCAP has played a vital role in fostering the innovative medication management programs that are present in various practice settings across the state. If every pharmacist and technician would join and support the overall mission, the pharmacists in our state could further improve patient care and take pharmacy practice to a higher level of innovation and quality

Assistance with HIPAA

The Health Insurance Portability and Accountability Act was on everyone's mind and as deadlines neared, NCAP was there to help pharmacists navigate the maze of rules and regulations. Assistance included the development of web-based training, policy-writing, manuals, and security assessment programs.

2003

Jack Watts, RPh
Retired Pharmacist

The major pharmacy issue during my Presidency was whether or not to sell the building that houses NCAP, the Institute of Pharmacy, to the UNC School of Pharmacy. I was opposed to selling the Institute to the UNC Foundation. Before the vote was taken I contacted many pharmacists about this matter. Almost 100 percent were opposed to selling the building. After much discussion, a meeting was held and the final vote was not to sell the building

After that issue was put to rest, there was the matter of what to do about the building and the many repairs and renovations that it needed. The NCAP Board of Directors voted to transfer ownership of the Institute of Pharmacy to the NCAP Endowment. We then needed to raise funds to make the necessary repairs. I took this on as sort of a personal project and started writing letters to the membership. This was very successful. We ultimately raised over $322,000 with the help of matching grants from the Pharmacy Network Foundation.

Without NCAP, pharmacy in North Carolina would not have anyone to speak on its behalf for the problems that pharmacists face. What could NCAP accomplish in the next 10 years if every pharmacist and pharmacy technician in the state were a member? This question could be answered in many ways but if we could accomplish this, there would be no end to what we could do to better the practice of pharmacy in our state and provide better care for the patients we serve.

Preserving the Institute of Pharmacy

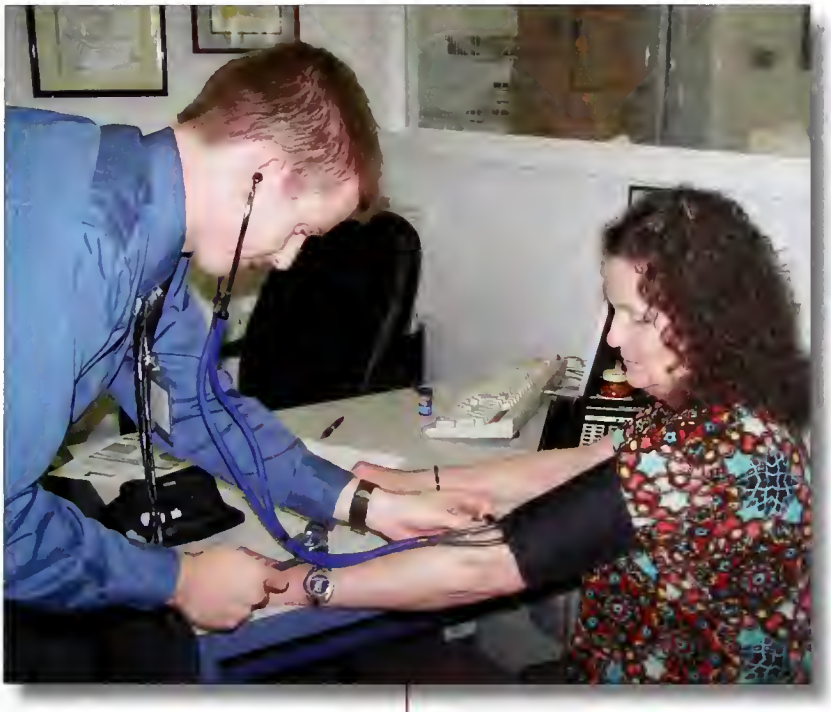
A campaign was launched to secure the resources necessary to preserve the Institute of Pharmacy in Chapel Hill. The Pharmacy Network Foundation issued a matching grant challenge that kicked off a three-year fundraiser. NCAP's Board of Directors agreed to transfer ownership of the Institute to the NCAP Endowment Fund, allowing the staff more time to focus on meeting the needs of pharmacy.

Student Pharmacist Leadership

NCAP, along with the Campbell, UNC and Wingate Schools of Pharmacy, initiated a Student Pharmacist Leadership Forum for student leaders. This annual event continues to grow and attract tomorrow's pharmacy leaders.

Medicare Rx Drug Discount Card

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 created much confusion not only for patients, but for pharmacists as well. NCAP monitored this as it unfolded, issuing alerts and educating members about each provision of the law as it went into effect.



Seeking Recognition of Pharmacists as Providers

NCAP captured national attention with the introduction of a bill to recognize CPPs as providers under Medicare Part B. The "Medicare Clinical Pharmacist Practitioner Services Coverage Act of 2004" eventually stalled. Pharmacists are still not recognized providers under Medicare but the Association continues to support efforts to bring this issue to positive closure.

Drug Importation Safety Campaign

Working with the North Carolina Board of Pharmacy and the FDA, NCAP launched the "Looks Can Be Deceiving" drug importation safety campaign to educate consumers on the dangers of importing prescription drugs. A press conference in the General Assembly and successful media blitz kicked off the campaign.

2004

Mark Gregory, RPh
Vice President of Pharmacy and Government Relations, Kerr Drug

When I look back to Fall 2004 the pharmacy community was on the eve of the largest change to Medicare in decades...Medicare Part D. At that time I wrote in the NCAP Journal :

With Medicare Part D, the opportunity now exists to change the pharmacy paradigm through legislation that mandates regional Part D providers to include Medication Therapy Management (MTM) as part of the benefit.

If properly implemented, this legislation will provide unprecedented national recognition for pharmacists as healthcare providers, better care for patients and reduced healthcare expenditures, a new stream of pharmacy service revenue, improved job satisfaction and customer/patient satisfaction.

To reach the goal described above, we need to ensure that MTM programs are delivered face-to-face by the pharmacist, tailored to the needs of individual patients, and structured to provide FAIR payment for pharmacist services based on resources utilized

The magnitude of the opportunity presented by the MMA should not be underestimated. This is the first time in our history that the pharmacist has been recognized as a healthcare provider in federal legislation. That, in itself, is huge. What do we need to do?

A few suggestions.. We must first accept the fact that SIGNIFICANT CHANGE IS NECESSARY, and second, develop effective action plans for successful execution.

I remind everyone of those words from 2004 because the pharmacy community in North Carolina has since launched a model statewide MTM initiative through the CheckMeds NC program providing tremendous services and savings to Medicare beneficiaries. Just recently, a federal bill introduced by Representative Mike Ross to enhance Medicare MTM programs mentions the CheckMeds program and our well-established Asheville Project as models for the nation. The 2010 CMS Call letter dictates that Part D plans raise the bar significantly in making MTM programs a more visible component of their benefit.

It is critical all pharmacists realize the commodization of prescription drugs require you to continue to practice our profession in new ways. NCAP provides an avenue to have your voice heard, keep you up to date on these critical issues and keep you networked with North Carolina pharmacy leaders. If you are not an active member, now is a great time to join, get involved and witness changes to the profession on the frontline. NCAP needs your input and action!

2005

Davie Waggett, RPh
Owner, Seashore Discount Drugs & Winterpark Pharmacy

During my term as president, pharmacy in North Carolina was experiencing increased movement in the changing role of pharmacists with regard to pharmacists providing more clinical and medication management services. Community pharmacy, at the same time, was still battling the insurance industry over the ever present issue of pharmacy reimbursement that decreases gross margins each year. Both of these issues presented debate as to where community pharmacy was heading, and the issues and question still remains- "how do you get there from here?" The individual Practice Forums were still finding their place within the NCAP structure.

I am glad that NCAP is active and a viable pharmacy association. NCAP is the instrument that provides news and services to its members and this affects the job that we do as pharmacists. NCAP has its hands in everything pharmacy is involved in and attempting to do, and this is as it should be. NCAP keeps us informed as to what is coming down the "pipe" from academia, industry, the Legislature, the Board of Pharmacy, and the DEA. It is a valuable resource to members and the list of accomplishments on behalf of North Carolina pharmacy is pages long. If all of the pharmacists in North Carolina were members of NCAP, the results would be incredible. If membership was at 100 percent, it would mean that all pharmacists were taking an interest in their profession and their responsibilities. So much could be accomplished with regards to patient care, Legislative matters and professional issues if all pharmacists would take the time to 1) write that check and 2) get involved in what is happening in their profession.

Enhanced Web Site

NCAP's new state-of-the-art Web site made its debut offering improved resources and a revenue generating, nationally marketed Career Center.

NCAP/NCCASCP Merger

The merger between the North Carolina Chapter of the American Society of Consultant Pharmacists and NCAP was sealed at a historic meeting in Charlotte. NCASCP voted to devote its energy and talent to NCAP's Chronic Care Practice Forum. The excitement and cooperative attitudes this brought to the CCPF has resulted in successful statewide meetings.

Institute of Pharmacy Renovations Completed

An Open House was held to celebrate the newly renovated Institute of Pharmacy building that houses NCAP. The main meeting room was dedicated as the "Pharmacy Network Foundation Auditorium" to honor the Foundation's generous support that funded the repairs and upgrades. Through PNF's matching grant challenges, the campaign raised over $322,000.

New Practitioner Network

The New Practitioner Network, a division of NCAP, was established to provide a forum for the exchange of information and to address the unique needs of pharmacists who have been in practice seven years or less.

Updates on North Carolina Pharmacy

Through a partnership with the Board of Pharmacy and North Carolina's three schools of pharmacy, NCAP began hosting live CE updates each year to keep pharmacists and technicians current on pharmacy policy, legislative activities, rules, and statutory changes impacting pharmacy practice.

Quality Assurance Act

NCAP leaders were members of the original committee appointed by the Board of Pharmacy to develop the Pharmacy Quality Assurance Act. The Act requires all pharmacies to establish a quality assurance program. To help meet these requirements NCAP offers a web-based tool, the Pharmacist Quality Commitment program (PQC), designed specifically to help community pharmacies reduce errors.

2006

Dennis Williams, PharmD, BCPS, AE-C
Associate Professor and Vice-Chair, Division of Pharmacotherapy and Experimental Therapeutics, UNC Eshelman School of Pharmacy

During my year as President of NCAP, things were good in the economy and pharmacists had a lot of job security NCAP was still a bit young as a unified organization and the leadership was working on the best ways to meet the needs of a diverse membership. Our Practice Forums were working to determine the best strategies to function in the overall organization, and the New Practitioner Network was being created Issues in our profession, of course, revolved around adequate reimbursement for product and service NCAP focused on education, providing training to assist pharmacists in developing innovative services, and attempting to be the voice of pharmacists in North Carolina. We made some progress in educating and encouraging member involvement in the legislative and regulatory process.

The theme for much of my year was "what would pharmacy be like if there was no NCAP." It was my appeal to the membership in an effort to try and raise awareness about the important role that the state organization played in representing our interests on a daily basis. This message resonated with a few people. I received positive and negative feedback from people who cared enough to react, but I didn't realize my goal of having 1,000 new members in the organization.

NCAP continues to do well today. The Practice Forums have matured and each conducts a successful annual meeting NCAP would be more successful if more pharmacists and others associated with pharmacy were members. Despite the fact that our membership consists of a fraction of pharmacists in the state, I can state unequivocally that when NCAP addresses an issue, it does so on behalf of every pharmacist in North Carolina NCAP continues to offer leadership development opportunities for its members and has enjoyed successes in educational programming, legislative activities, and in collaborative ventures with other groups, including the Board of Pharmacy. It is a privilege for me to be associated with this successful organization.

2007

Beth S. Williams, PharmD, BCPS
Director of Pharmacy.
Wake Forest University Baptist Medical Center

I was fortunate to serve as president of NCAP in 2007. Much like today, the primary opportunities for North Carolina pharmacy at that time were:

- Building strategic relationships outside of the pharmacy profession
- Advocacy, both internal and external to pharmacy
- Creating practice models that recognize pharmacists' services for ensuring safe and appropriate medication use
- Membership that benefits all pharmacists and creates a cohesive community
- Leadership development and recognition of the pharmacy leadership crisis throughout the country

NCAP responded to the call to ensure that North Carolina pharmacy was not only positioned for the future, but was creating it. A three-year strategic plan was developed to address these five critical issues to support the NCAP mission of advancing NC pharmacy. Among other things, the New Practitioners' Forum and board seat were created as a result.

There is no one answer to advancing North Carolina pharmacy, and it likely will vary from person to person and setting to setting. But, one thing is for sure, it has to be patient-centered and not profession-centered. If you are a practicing pharmacist with direct patient care responsibilities, ask yourself, "Am I doing everything I can to meet the needs of the patients I serve?" If the answer is "no," you're in luck, because you have access to a network of peers and other resources within NCAP. As our mission reads, we exist to unite, serve and advance the profession of pharmacy to ultimately benefit the patients we serve.

Without NCAP, there would not be a unified pharmacy organization in the state. Undoubtedly, our profession would be organized into multiple professional membership organizations based on special interests and/or practice setting. The result would be the same as it was prior to the year 2000...lack of a unified voice for pharmacy in North Carolina, everyone doing their own thing, or each group looking out for its own interests and without regard to or support of the profession overall.

Congressional Rotation

NCAP, in collaboration with the Association of Community Pharmacists' Congressional Network, established a two-month legislative rotation in Washington, DC for fourth-year students from North Carolina's three schools of pharmacy. Students have the opportunity to work directly with a NC Congressional representative and their staff on healthcare-related issues. Today, the experience exists as a four-month internship.

CheckKmeds NC

CheckKmeds NC provides Medicare Part D Plan members with Medication Therapy Management using the Outcomes Platform. NCAP worked to enroll pharmacists as providers so they could better serve their patients.

Institute Houses New Tenant

NCAP began sharing space in the Institute of Pharmacy building with the Executive Director of the Pharmacy Compounding Accreditation Board, Tom Murry, PharmD, JD.

Women's Auxiliary Scholarships

The Women's Auxiliary of the North Carolina Pharmaceutical Association liquidated their financial assets and turned them over to the NCPhA Endowment Fund to preserve the student scholarships they established many years ago. Included in their gifts to the Endowment is NCAP's landmark rose garden.

Lobbying Efforts

NCAP employed Evelyn Hawthorne, one of the most effective lobbyists in Raleigh, to monitor pharmacy issues. When the Legislature is in session her weekly updates are posted in the Government Affairs area of the NCAP Web site.

NCAP Hires First Resident

NCAP hired its first Executive Resident in Association Management, Ryan Swanson, PharmD. He currently serves in a part-time position as NCAP's Director of Professional Services.

Pharmacy Quality Alliance

Through membership with the National Alliance of State Pharmacy Associations (NASPA), NCAP is supporting PQA by recommending individuals to serve on PQA committees. PQA is devoted to determining quality measures that can be used in pay-for-performance reimbursement under CMS programs.

2008

Penny Shelton, PharmD, CGP, FASCP
Vice Chair for Experiential Programs and Continuing Education,
Campbell University College of Pharmacy & Health Sciences

Many of us serving in NCAP leadership saw 2008 as a "re-focus" year. We were in the middle of a fairly aggressive three-year strategic plan. We were tasked with identifying and establishing alliances with strategic partners, partnerships that would further enable NCAP's advocacy efforts, both internally, sharing best practice models and success stories among pharmacists, and externally, drumming up public awareness. To be successful we had to activate three key committees: web resources, membership, and government affairs.

2008 was an election year and healthcare reform was a key issue. Its status of importance was slated third, just behind the poor economy and the Afghan/Iraqi wars. Healthcare never left the agenda, from the earliest primary debates all the way through and beyond the election of President Obama. Obama's transition team leaped into action very early and in a highly public manner, calling for input on healthcare reform. NCAP's strategic plan had challenged us in building awareness of the pharmacist's current role in patient care. The timing and wisdom of this action item was almost prophetic; for seemingly overnight, the importance of getting our message out, regarding North Carolina's progressive, patient-centered pharmacy practice models, went critical.

In 2008, patient safety also went primetime. Oprah, 60 Minutes and every major news program shed light on the heparin overdose of Dennis Quaid's twins and the prescription drug overdose and death of Heath Ledger. Medication safety took on a celebrity status. In this same year pharmacies, hospitals, schools and associations, such as NCAP, were adopting Vision 2015 and Project Destiny. In addition, acronyms, such as MTM, PQA, and HIT were commonplace, essential buzz words within our profession, with each one tied to improved quality of care and patient safety.

NCAP began laying the ground work for the development of a grass-roots infra-structure to be used for outreach. We voted to secure a lobbyist for state-related issues. Several NCAP leaders and members became involved in federal committee work which provided input for the Obama transition teams. The NCAP Executive Committee worked closely to ensure smooth transitions in leadership. All three Practice Forums had very successful meetings and the New Practitioner Network grew in membership and activity. The NCAP Web site was critically evaluated and revised to better enable our communication and advocacy. We also developed an Association Management Residency and hired our first resident. This was truly a mutually beneficial investment. All in all we can be proud of NCAP's activity in 2008 and every year, but I cannot help but think of how much more we could accomplish if every pharmacist in North Carolina were a member

2009

Brenden P. O'Hara, RPh
Clinical Pharmacist,
Physicians Pharmacy
Alliance

In my year as president we faced many issues such as expanding the role of technicians, a mandatory counseling rule, mandatory mail order for state employees, and decreased reimbursement for Medicaid patients. NCAP saw these as issues that would have a big impact on the profession and took a stand on each.

The expanding role of technicians continues to be a hot topic of discussion. What should their new roles be, and what education or qualifications would be necessary? What benefits would this increased responsibility provide for pharmacists? We support pharmacists freeing up their time for improved patient care.

With regards to a mandatory counseling rule, NCAP had representatives on the Board of Pharmacy task force and at the open hearing. We made sure the true gravity this change would have on the profession was made clear. We helped give pharmacists in North Carolina a voice.

When state employees were almost forced to use mail order for all of their maintenance medications, our lobbyist worked with ACP and the NC Retail Merchants Association to successfully strike this provision from the bill. We support the needs of North Carolina pharmacists.

When Medicaid reimbursement was decreasing, NCAP helped devise a plan to increase generic utilization and make these cuts less burdensome on pharmacists. This plan is now a model to decrease the financial impact of Medicaid fee reductions. We acknowledge and support the business of pharmacy.

As I think of what was achieved in my year as president, it is hard to imagine what North Carolina pharmacy would look like without NCAP. I actually can see the mindset of pharmacists who are not involved. Change is happening without me, why do I need to get involved?

But I ask, who would be the voice for pharmacists? Who would develop integrative ways to increase patient contact? Who is paying attention to decreased reimbursement or policy changes that effect our profession? How much time do you invest in knowing what goes on within the state or within the profession? If you are paying attention, what actions have you taken?

Great strides have been made, even though less than 25 percent of pharmacists in North Carolina are NCAP members. Imagine how much more of a voice would we have if we could tell the Legislature that we represented the majority of pharmacists in the state? I could not imagine what the face of pharmacy in North Carolina would be without the support of NCAP. I hope we never have to find out.

Expanding Immunizing Pharmacist Services

NCAP was present at the initial discussions held by the NC DHHS regarding the pending "H1N1" epidemic. NCAP representatives offered valuable input and as a result, an emergency rule was implemented that allows pharmacists to administer the vaccine to "high-risk" patients aged 14 and older. NCAP also organized leading immunizing pharmacist experts to form its "Immunization Task Force" to expand immunizing pharmacist services.

Pharmacy Day Efforts "Right On Time"

In politics, timing is everything, and NCAP's efforts during Pharmacy Day at the Legislature were definitely right on time. The March 6 *E-News Now* reported on NC Senate Bill 287 (State Health Plan) and it just so happened that this Bill was heard in the Senate Appropriations Committee on March 11 during Pharmacy Day. Dozens of pharmacists and students were present in the committee room for the hearing. The *NC Insider* reported that "it was clear the pharmacists' opposition was creating some hesitancy by legislators."

We "Take the Hill" in DC

NCAP participated in the National Association of Chain Drug Store's first annual "Rx Impact Day on the Hill" in Washington, DC. This grassroots effort helped educate Legislators about pharmacy's impact on healthcare.

Pharmacy Quality Commitment

NCAP and the National Alliance of State Pharmacy Associations were successful in establishing the first pharmacy-oriented patient safety organization, the Alliance for Patient Medication Safety. All PQC data now reported has protection against discovery, adding another benefit to the PQC product.

Is a continuous quality improvement program missing from your checklist?

Are you concerned about how you will meet the challenge of the growing demand for assuring the quality of the pharmacy services that you provide? Are you searching for a practical tool to use to collect and analyze information regarding quality-related events, such as errors and omissions in prescription dispensing, that occur at your pharmacy?

Pharmacy Quality Commitment® (PQC) is what you need! PQC is a continuous quality improvement program that supports you in responding to issues with provider network contracts, Medicare Part D requirements under federal law and mandates for CQI programs under state law. When PQC is implemented in your pharmacy, you will immediately improve your ability to assure quality and increase patient safety.

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Call toll free (866) 365-7472 or go to www.pqc.net for more information.

PQC is brought to you by your state pharmacy association.

2010 calendar

- **Technician Review Seminar**, Feb. 27, Fayetteville
- **Technician Review Seminar**, Feb. 28, Greensboro
- **Technician Review Seminar** March 13, Hickory
- **Technician Review Seminar**, Mar 14, Charlotte
- **Acute Care Practice Forum Meeting**, March 21-23, Greensboro
- **Chronic Care Practice Forum Meeting**, March 25-26, Concord
- **Residency Conference**, July 9, Greensboro
- **Community Care Practice Forum Meeting**, Aug. 6-8, Myrtle Beach
- **Student Leadership Conference**, Sept. 25, Pinehurst
- **NCAP Annual Convention**, October 24-26, Research Triangle Park
- **Updates on North Carolina Pharmacy**, Webinar/VTC, TBA

Online Offerings:

Pharmacist Refresher Course & QA/Law

NCAP has partnered with the Connecticut Pharmacy Association to offer The Pharmacist Refresher Course, an online course designed for pharmacists who wish to return to community pharmacy practice after an absence from practice for three or more years. The course consists of three modules, all of which have been approved for ACPE credits. The first two modules are completely online and composed of weekly study segments that allow course participants to work at their own pace, on their own time. The third module consists of a three-week, 90-hour live experience in a community pharmacy. Only those who participate in all three modules will earn a Pharmacist Refresher Course Certificate from Charter Oak State College. Those taking modules One and/or Two for personal enrichment will earn ACPE credits through CPA. This course will give home study law credit to any pharmacist wanting to learn about quality assurance strategies and North Carolina's pharmacy laws.

The QA/Law Course can be used to prepare for reciprocity into North Carolina, or for those who want an update on Pharmacy Law and Quality Assurance.

Students must follow a two-week course schedule. Online discussion boards and instructor monitoring and interaction keep you on track throughout the course. The course is offered the first two full weeks of every month. The registration deadline is the Thursday before each monthly course starts. This course is accredited by ACPE for 15 hours of home study law education.

For more information about these courses visit www.ncpharmacists.org.

"NCAP exists to unite, serve and advance the profession of pharmacy for the benefit of society."

This is our Mission Statement and we work hard ***every*** day, for ***every*** pharmacist and pharmacy technician in our state.

Compared to annual dues for other state associations, ours are a real bargain:

Dental Society	$975 (includes nat'l assoc. dues)
Medical Society	$418
Nurses Association	$180, Nurse Practitioner $230
Psychological Association	$290
Chiropractic Association	$680
Association of Educators	$370
NCAP	**$175**

Here's what 48 cents per day buys you:

- Quality CE programming
- Discounted meeting rates
- Practice Forums that meet the special needs of individual practice settings
- News/Legislative updates via e-mail
- Networking and resources on our state-of-the-art, interactive Web site
- *North Carolina Pharmacist*, quarterly journal
- Grassroots political activities, NC Legislative monitoring and pharmacy lobbying
- Efforts to promote reimbursement for pharmacists' cognitive services
- Efforts to expanding the role of pharmacy technicians
- Innovative practice tools and most of all, peace of mind knowing that someone is working ***every*** day to protect your profession!

NCAP

Advancing Pharmacy. Improving Health.

North Carolina Association of Pharmacists 2010 Membership Form

Contact Information:

First/Middle/Last_____ Suffix:_____

Date of Birth:_____ Gender: ❒ Female ❒ Male

Home Address: _____ Home County:_____

City:_____ State:_____ Zip:_____

Business Ph:_____ Home Ph:_____ Email:_____

Fax:_____ Preferred Mailing Address: ❒ Home ❒ Work

Place of Employment:_____ Title:_____

Work Address:_____

Education:

Pharmacy School:_____ Year Graduated:_____

Other Degrees:_____ NC Pharmacist License#:_____

NISCP Certified: ❒ Anticoagulation ❒ Asthma ❒ Diabetes ❒ Dyslipidemia

Certificate Programs: ❒ Immunizations ❒ Medication Therapy Management ❒ OTC Advisor Other:_____

BPS Certifications: ❒ Nutrition ❒ Oncology ❒ Pharmacotherapy ❒ Psychiatric ❒ Nuclear ❒ CGP ❒ AEC ❒ CDE Other:_____

Are you a Clinical Pharmacist Practitioner? ❒ Yes ❒ No

Select a primary Practice Forum: ❒ Acute Care ❒ Chronic Care ❒ Community Care

Select a Practice Setting: ❒ Chain ❒ Independent ❒ Hospital ❒ Nursing Home ❒ Manufacturing ❒ Wholesale
❒ Gov't ❒ Research ❒ Sales ❒ Teaching ❒ Unrelated to Pharmacy ❒ Other_____

The New Practitioner Network is a newly formed group within NCAP that seeks to serve the unique needs of those who have graduated within the past seven years. If you are eligible, would you like to join the New Practitioner Network? ❒ Yes ❒ No

Would you like an 8 1/2 X 11 Membership Certificate for display? ❒ Yes ❒ No

Membership Categories: (Check One)

❒ Active Pharmacist: $175.00	❒ Joint (husband & wife): $270.00	❒ New Graduate (2008): $100.00
❒ Associate (non-pharmacist): $175.00	❒ Out of State: $95.00	❒ New Graduate (2009): $50.00
❒ Retired Pharmacist: $95.00	❒ Pharmacy Technician: $35.00	❒ Student: $10.00

NCAP President's Club: You can help support NCAP by making a tax-deductible contribution to the NCPhA Endowment Fund.
Platinum Member-$1,000.00+ Gold Member-$100.00+ Silver Member-up to $99.00

***Payment Information:** (check one): ❒ Check Enclosed ❒ MC ❒ Visa ❒ AmEx

Card Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Mail form/check to:
NCAP, 109 Church Street, Chapel Hill, NC 27516
or FAX to (919) 968-9430

Questions? Call (919) 967-2237 / (800) 852-7343. If you would like to join the Local Association in your area you can find a complete list and their contacts under the Governance tab on our Web site at **www.ncpharmacists.org**

Membership Dues: $_____

Contribution to President's Club: $_____

Total Enclosed: $_____

*12% of your membership dues are non deductible for Federal income tax purposes due to lobbying activities conducted by the association on behalf of its members

North Carolina Pharmacist

Vol. 90, Number 2 *Advancing Pharmacy. Improving Health.* Spring 2010

Leading the charge at RxIMPACT

2009 Recipients of the "Bowl of Hygeia" Award

Pfizer Pharmaceuticals takes great pride in continuing the "Bowl of Hygeia" Award Program developed by the A. H. Robins Company to recognize pharmacists across the nation for outstanding service to their communities. Selected through their respective professional pharmacy associations, each of these dedicated individuals has made uniquely personal contributions to a strong, healthy community which richly deserves both congratulations and our thanks for their high example.

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North Carolina Pharmacist

Volume 90, Number 2 Spring 2010

On the cover

North Carolina representatives at the NACDS RxIMPACT Day in Washington, DC included (front row) Kimberly Fordham, Kelly Martin, (back row) Mark Gregory, Ralph Petri, Fred Eckel, Blake O'Neill and Ryan Swanson.

Inside

Is the future now?

At our recent Chronic Care Practice Forum meeting Claudia Schlosberg, JD, Director of Policy and Advocacy, American Society of Consultant Pharmacists, talked about the recently passed Health Care Reform legislation. One statement she made has caused me much contemplation since the meeting. Her observation was that this bill has created more opportunities for pharmacist-delivered cognitive services, and that's a good thing. She went on to suggest that although the bill addressed the drug product cost reimbursement issue, she felt there will be continued pressure to drive down the drug product cost expense to the government. My take home was that the pharmacy practice model must be built around delivering pharmaceutical care because dispensing prescriptions only will not be a sustainable pharmacy business. If I am right, then NCAP's efforts to expand pharmacists' vaccination and injectable drug administration, get more payers to reimburse pharmacists for administering injections or providing smoking cessation programs and getting the State Health Plan to look at an "Asheville Model" disease management program make sense. We think these efforts grow out of our mission to unite, serve and advance the profession of pharmacy. I hope you agree, but, if not, let me know what you think we should do.

The other reflection I have been focused on recently is how much hospital pharmacy changed after the Medicare Program was passed in 1965. Will the recently passed legislation bring the same type of change to the ambulatory/community practices? I think it will. Those pharmacists who will thrive in this new practice opportunity will be those willing to change, innovate and learn new skills. Because change will go very slowly at first, complacency may seem a successful strategy until it is too late. The 2015 Vision for Pharmacy, that pharmacists will be the health care professionals for providing patient care that assures optimal medication therapy outcomes, seems more realistic today because of health care reform. I hope you can see the reason to personally support this future now.

NCAP finished 2009 with $20,000 in excess income over expenses, not a bad year considering the state of the economy. Unfortunately, membership did not grow significantly. That more pharmacists do not support NCAP with membership is the only regret I have about my NCAP tenure. We need more members to secure the resources to successfully implement our Vision and Mission. Please encourage your colleagues to join with you as an NCAP member.

Fred M. Eckel
Executive Director

North Carolina Association of Pharmacists
109 Church Street
Chapel Hill, NC 27516
phone: 919 967 2237 • fax 919 968 9430

Dear All,

Wow, what a crazy couple of months! Between record snow fall amounts in many areas of North Carolina and the ongoing Health Care Reform debate, this winter has been a season of change. As I write this letter, the birds are chirping, the daffodils blooming, and the winter coats are being replaced by light jackets and short sleeved shirts. Along with the change in seasons also comes a chance for developing new ideas, renewal of old ideas, growth and re-commitment. Sound familiar? Much like spring, NCAP experiences a seasonal change of growth and renewal. From Forum meetings to Medication Therapy Management (MTM) and immunizations, NCAP is proud to be involved in various projects that continue to advance the profession of pharmacy.

On a snowy day in February leaders in North Carolina pharmacy gathered in Greensboro for the annual NC Leaders' Forum. Issues such as pharmacy education in North Carolina, health care reform, immunizations, and pharmacy practice models were discussed. You can read more about the Leaders' Forum in this issue of North Carolina Pharmacist.

The week of March 21st was a busy one for members of the Acute Care and Chronic Care Practice Forums. Each group held its annual meeting during the week and presented awards. Acute Care Practice Forum meeting participants heard from various speakers on subjects from antimicrobial therapy and hospital pharmacy practice models to key papers and pharmacogenomics. The end of the week wrapped up with the Chronic Care Practice Forum meeting in Concord. Participants discussed updates to the treatment of Parkinson's disease, new drugs, pharmacy technology and the North Carolina Assisted Living survey process. Congratulations to both practice forum executive committees for planning such outstanding programs.

Medication Therapy Management continues to be a major focus for North Carolina pharmacists. In this issue you will read about a study conducted in the Charlotte area utilizing pharmacy students to implement MTM services in a community pharmacy setting. You will also hear about how community pharmacies can improve accessibility and usability for older adults. These improvements in the community pharmacy environment can lead to better health for our older patients. I applaud the pharmacy students who developed and conducted the research projects and thank them for sharing their ideas with the pharmacists in our state.

One objective of the NCAP Strategic Plan is to focus on immunizations and expanding the role of pharmacists involved with immunizing. In this issue you will find an update from the NCAP Immunization Task Force. The article focuses on the creation of the Task Force, the current state of immunizations in North Carolina as well as the goals of the Task Force. I am delighted that the Immunization Task Force continues to diligently move forward with changing the landscape of pharmacists and immunizations.

This spring also represents a time of historical change. The Health Care Reform Bill was passed by the House and Senate and at this time is still undergoing revisions and approval of those revisions. How will this affect pharmacy practice? What about reimbursement? Opportunities for pharmacists? Pharmacists included in the medical home concept? Dispensing of medications in the long-term care setting? At this time we simply have more questions than we have answers and rightfully so. No time like the present to support your state pharmacy association. We are all in for major changes in the upcoming years. We have to stand together as one unified profession of pharmacy.

I hope you find the spring season one of re-commitment to NCAP and the overall profession of pharmacy. Refresh your perspective of pharmacy practice. Work with other pharmacists in various practice settings to make the pharmacy profession exactly what you want it to be –everyday, to everyone, all the time - period.

Regards,
Regina H. Schomberg
President

Advancing Pharmacy. Improving Health.

Expanding Immunizing Pharmacist Services in North Carolina

A Report from NCAP's Immunization Task Force

By
Ryan Swanson, PharmD
Director of Professional Services, NCAP

and

Ashley Branham, PharmD
PGY2 Community Pharmacy Resident, UNC Eshelman School of Pharmacy
Chair, NCAP Immunization Task Force

Many North Carolina pharmacists like to think that we practice in one of the most progressive pharmacy settings in the nation. After all, North Carolina is home to the only state Board of Pharmacy whose members are elected by pharmacists. The groundbreaking Asheville Project gained international acclaim for its demonstration of the impact of pharmacist-led patient care services. Our state played a leading role in creating the Clinical Pharmacist Practitioner designation, a credentialing that gives pharmacists, in direct collaboration with physicians, prescriptive authority to maximize drug therapy outcomes in their patients. And North Carolina pharmacists are rightfully proud of CheckMeds NC, a state-funded medication therapy management service available to all residents aged 65 and older enrolled in a Medicare prescription plan. Since its inception in October 2007, pharmacist interventions through the CheckMeds NC program have resulted in an estimated cost avoidance of nearly $22 million.[1]

It comes as quite a surprise, then, to discover that there is one area of pharmacy practice in which North Carolina is far from the "cutting edge" - immunizing pharmacist services. In fact, with news that some states in the country were only just granting pharmacists this authority, it was hard to imagine that North Carolina was not at the forefront of this issue. But that is exactly where we find ourselves.

The Current State of Immunizations

North Carolina's current rule states that pharmacists who are certified to deliver immunizations may administer three types of vaccines – influenza, pneumococcal, and zoster – to patients 18 years and older. Pharmacists must follow a written order, standing medical order, or other protocol under a licensed MD or DO for the administration of these vaccines. A consultation with the patient's primary care physician (PCP) must occur prior to the administration of pneumococcal or zoster by the pharmacist; if a patient does not have a PCP, these two vaccines may not be administered by the pharmacist.[2] With last year's "swine flu" scare, North Carolina pharmacists were granted temporary authority through an emergency amendment to administer both seasonal and H1N1 influenza vaccines to patients aged 14 and older. This authority is scheduled to expire in July 2010, and the age limit for influenza vaccine administration will once again be 18 years.

This authority may seem broad to some, particularly to those practicing in states that only allow pharmacists to administer the influenza vaccine to patients 18 and older (such as Connecticut and Florida). However, the American Pharmacists Association (APhA) reports that there are approximately 18 states operating under "full" or "nearly full" authority to administer vaccines, including several of North Carolina's neighbors in the Southeast, such as Virginia, Tennessee, South Carolina, and Mississippi.[3] For many of these states, this authority means that pharmacists can administer *any* vaccine to patients of *any* age via any route of administration. It is important to note that this authority is always granted under a protocol or standing order with a physician or health department; collaboration is a key component to providing an immunization service.

The limited scope of immunizing pharmacist services in North Carolina was brought to light in the summer of 2009 with back-to-back member phone calls to the North Carolina Association of Pharmacists' (NCAP) office. The first call came from a community pharmacist who was interested in beginning a travel vaccine clinic in her pharmacy. Through her research, she found that pharmacists in other states (Texas and Washington, for example) had taken impressive initiatives in establishing travel vaccine clinics to meet the needs of patients in their communities. Less than forty-eight hours later, the office received a call from a pharmacist who had been approached by her local health department to assist in the administration of Hepatitis B vaccines to the area's middle school-aged children. In both instances, the state's current immunization rule prevented these pharmacists from participating in important, vaccine-related patient care activities.

A Task Force is Born

NCAP, in its role as the sole statewide pharmacy association, seemed like a natural choice to lead the effort to expand immunizing pharmacist services in the state.

Certainly, these efforts are in line with the Association's mission "to unite, serve, and advance the profession of pharmacy in North Carolina." Shortly after receiving these two calls, NCAP's Immunization Task Force was born. Task Force members were recruited through two methods: (1) an e-mail blast to NCAP's membership seeking volunteers and (2) specific requests to pharmacists identified as "immunization experts" (based upon their current work in the area of immunizations). The Task Force's thirteen members represent a broad spectrum of pharmacy practice. These members include community pharmacists, academic pharmacists, and a Board of Pharmacy representative; the group's past work histories include hospital, ambulatory care, and industry practices, as well.

The Task Force first met in July 2009 with a charge to determine what broad changes, if any, should be made to the current rule. From that first meeting emerged two major objectives to focus our efforts in the coming months. Our goals would be (1) to expand the scope of vaccines that immunizing pharmacists in North Carolina are authorized to administer and (2) to lower the minimum age of patients to whom pharmacists are authorized to administer vaccines. There was much talk of the "details" at that first meeting, with questions like "Which vaccines should this rule be expanded to?," "What lowered age should we target?," and "Will immunizing pharmacists need additional training beyond what is currently required?" all being debated. The Task Force decided these were questions that needed further research. It was also very important to the group that the larger medical community be included in this dialogue.

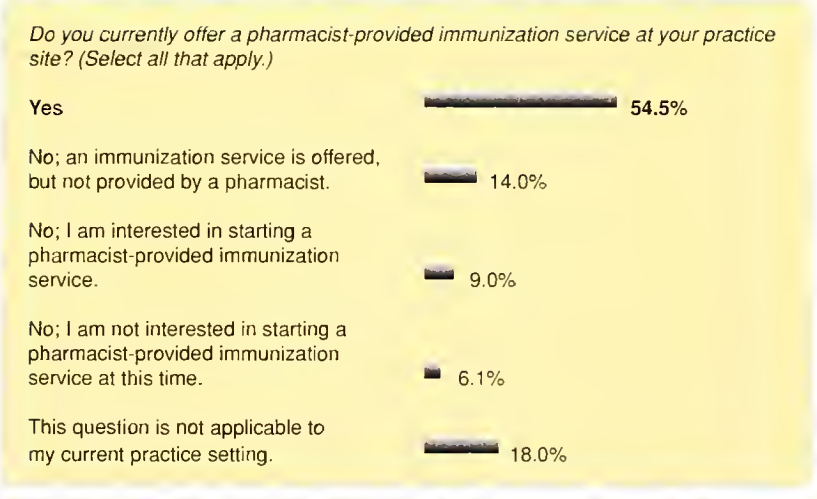
Since that first meeting, members of the Task Force have met with a number of groups with a vested interest in the outcome of any changes to the current immunization rule. NCAP's lobbyist, Evelyn Hawthorne, has played a crucial role in identifying these appropriate groups and coordinating the majority of the meetings with them. These groups have included representatives from the Board of Pharmacy; APhA; the NC Immunization Branch (a subgroup of the Division of Public Health within the Department of Health and Human Services); the NC Academy of Family Physicians; and the NC Pediatric Society. NCAP is working to arrange meetings with key contacts from the state's nursing community, as well. Information gleaned from each of these meetings has been invaluable in assisting us as we craft the most appropriate language for an updated rule.

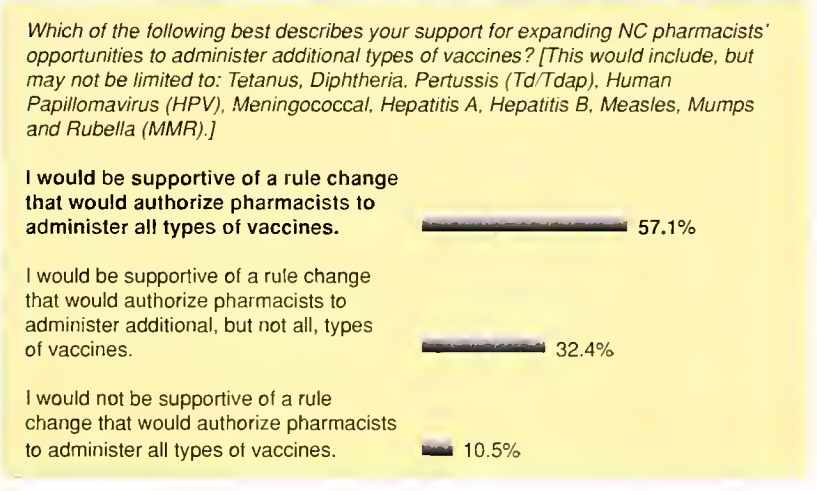
What We Have Learned

During our very first meeting with a non-pharmacy-related group, a question was posed that caused us to re-evaluate our efforts and ensure we were not taking the wishes of the state's pharmacy community for granted: "If pharmacists are given expanded immunization authority, will they embrace it?" It was a good question, and one that we needed to answer before we moved forward. We understood that we could do more harm than good to the profession if we were successful in our efforts to expand the current rule, but pharmacy was not prepared to take on these additional responsibilities. Because of this question, Task Force members decided it was imperative to survey pharmacists in North Carolina on this issue.

Task Force members created a 13-question survey to gauge pharmacists' thoughts on a number of important aspects related to expanding immunizing services (see accompanying graphs for a sampling of survey questions and responses). The survey was created with SurveyMonkey®, a web-based survey development tool, and survey questions were designed as a mix of closed and open-ended questions. Utilizing a Board of Pharmacy-administered e-mail blast to all licensed pharmacists currently practicing in the state, we sent a link to the survey to nearly 9,500 pharmacists. Of those, 952 pharmacists (10%) completed the survey.

The results of the survey yielded many passionate responses, with the overwhelming majority of those expressing support for our efforts to expand





the current immunization rule. Those respondents with reservations about broadening pharmacists' authority in this area provided valuable insight into current practice issues, citing time constraints as their primary concern. This is why it is essential that our profession continue to develop innovative ways of delivering health care to our patients, especially in the area of vaccine administration. Pharmacists remain the most accessible health care providers and are positioned to offer a tremendous public health service in this area. Our survey's results reinforced the belief that North Carolina pharmacists are ready and willing to accept this challenge.

Where We Are Headed

It is important to note that there are two routes through which changes to the existing immunization rule can be made. The first is the "rules route" - any changes made to the current rule must receive unanimous approval from the NC Boards of Pharmacy, Medicine, and Nursing. The second route would pass directly through the NC General Assembly - the legislature would essentially pass a law granting pharmacists expanded immunizing authority. Both routes present unique challenges to any efforts to change the current rule, and many discussions have been conducted with many individuals to determine which road may be the "path of least resistance."

After months of conversations and weeks of consideration, the decision was made to pursue these efforts legislatively. NCAP's efforts may be complicated by the fact that the 2010 session of the NC General Assembly falls in a "short session" year, meaning the legislature will meet for an abbreviated time-frame. In addition to having less time to consider new legislation, the General Assembly will face an incredibly difficult budget year, with a projected expenses-over-revenues gap of at least several hundred million dollars.[4] If the time constraints of the short session prevent the Association from moving forward with a bill in 2010, these efforts will immediately become a top priority item for the 2011 legislative session. It is our hope, though, to see our efforts succeed this year.

What exactly will we be proposing, then? The sum total of our hours of research and discussions with key individuals has led our group to this conclusion: pharmacists who are certified to deliver immunizations in North Carolina should be able to administer any available and therapeutically appropriate vaccine to patients aged seven and older. We will advocate that pharmacist-administered vaccines continue to be provided under the authority of a physician-approved protocol or standing order or pursuant to a written prescription. [In addition, while not the focus of this report, we believe that appropriately-trained pharmacists have a role to play in the administration of non-vaccine injectable medications, such as Lovenox (enoxaparin) and Depo-Provera (medroxyprogesterone). We envision this to be another piece of the final draft of legislation that we introduce.]

It is an exciting time to practice pharmacy, especially in North Carolina. Many of us are privileged to experience the professional rewards of direct patient care on a daily basis. NCAP, and the Immunization Task Force, are committed to ensuring that pharmacists have every opportunity to make a difference in the lives of their patients. We are excited about what may be accomplished in the coming months, and we ask for your support as we strive to move the profession forward. ❖

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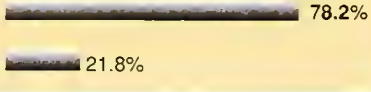
Are you supportive of a rule/law change that would allow pharmacists to administer non-vaccine injectable medications to patients? [This would include such medications as Lovenox® (enoxaparin), Depo-Provera® (medroxyprogesterone), Vitamin B12 (cyanocobalamin), insulin, etc.]



Please prioritize your preferences with regards to a rule/law change to expand pharmacists' immunization opportunities, with "1" being your highest priority and "3" being your least important priority.

	1	2	3	I do not support expanding pharmacists' immunization opportunities.
Expand the scope of vaccinations administered by pharmacists	**44.4%**	34.9%	17.1%	3.7%
Lower the age of patients to whom pharmacists may administer vaccinations	9.5%	30.3%	**54.8%**	5.5%
Both expand the scope of vaccinations administered by pharmacists and lower the age of patients to whom pharmacists may administer vaccinations.	**45.3%**	29.3%	18.4%	6.9%

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Leading the charge at RxIMPACT

Pharmacists talk, Legislators listen during the hotbed of health care reform debate

By Kimberly Fordham, University of North Carolina Eshelman School of Pharmacy PharmD Candidate Class of 2010

Several years ago, as I was buying paint for my house at the neighborhood hardware store, the cashier held up my credit card and stated my name aloud. "Kimberly Fordham," he continued, "that sounds like a politician's name with all those syllables, you know like Hillary Clinton." I laughed and told him that me and my soft voice would never make it in politics. "Huh?" he said, genuinely unable to hear me.

As I near the completion of my PharmD degree I realize I have found my voice louder and stronger than ever. I want my legislators to know what the profession of pharmacy means to me and what pharmacists can do to help our fragile health care system. On Thursday, March 11, 2010, along with 250+ pro-pharmacy advocates, including pharmacists and student pharmacists, I participated in the Second Annual RxIMPACT Day coordinated by the National Association of Chain Drug Stores (NACDS). This event was timed perfectly! We entered Washington DC during the hotbed of health care reform discussions. Our desire to talk about health care reform and the vital role that pharmacists can play could not have found a more attentive audience.

The event kicked off with a Welcome Dinner on the evening of Wednesday, March 10. The guest speaker for this event was Congressman Marion Barry of Arkansas, the only pharmacist in Congress. He shared his "Southern boy" stories of growing up on a farm and pursuing pharmacy at the request of his family to study anything except agriculture. Although he immediately went back to work on the family farm upon completion of his pharmacy degree, he spoke about the role of our profession in healthcare. He was extremely lighthearted and personable making the audience laugh easily. This was my first direct encounter with a Congressman and I left feeling relieved; speaking with members of Congress would not be as intimidating as I had previously thought.

The next morning we met and discussed the plan for conquering Capitol Hill in one day. We were divided into teams based on our state. The North Carolina Team consisted of three student pharmacists (Blake O'Neill, Kelly Martin, and Kim Fordham), two Kerr Drug pharmacists (Mark Gregory and Ralph Petri), and leadership from the North Carolina Association of Pharmacists (Fred Eckel and Ryan Swanson). RxIMPACT staff worked tirelessly to schedule appointments with our respective Congressmen and Senators.

Kelly Martin and Kimberly Fordham polish advocacy skills in DC while completing a pharmacy rotation at NCAP.

We were given a schedule of appointments and key messages to discuss with our congressional leaders as we engaged them as their constituents, as health care providers for their constituents, and most importantly as "the face of neighborhood pharmacy."

One of our key messages focused on Medication Adherence and how it can reduce healthcare costs and improve patients' lives. We also addressed the following key topics:

1. Medication Therapy Management (MTM) and how pharmacists can reduce overall healthcare expenditures by ensuring that patients are taking the right medications in the right ways.

2. Average Manufacturer Price (AMP) and how this model of reimbursement for Medicaid prescription drugs provides disincentives for dispensing effective and cost-saving generics.

3. Durable Medical Equipment (DME) and how the current legislation does not provide exemption for pharmacies to supply DME without costly accreditation despite the fact that pharmacies are state-licensed, highly regulated, and reputable.

4. Seniors' Access to Vaccines through Medicare Part D and how healthcare legislation has proposed moving vaccination benefits for Medicare patients to Part B to make it easier for physicians to bill.

Our first appointment was with Congressman Heath Shuler's (District 11) legislative aid, Erin Georges. She met with us and was very well-educated on the role of pharmacy in healthcare. She expressed Shuler's continued support of pharmacy and the Asheville Project.

Our next appointment was with Senator Kay Hagan and her legislative aid, Michelle Adams, both of whom are very aware of the role of pharmacy in healthcare. Senator Hagan has personally been involved with presenting the CheckMeds NC program to the Senate floor expressing her support of this program in North Carolina and its expansion to other health care programs nationwide. Michelle Adams was an impressive wealth of information and asked for our opinion of pharmacy benefit managers (PBMs).

We met with Senator Richard Burr's legislative aid, Anna Abram, and spoke directly with Congressmen Brad Miller (District 13), David Price (District 4), Bob Etheridge (District 2), and Walter Jones (District 3). All of these meetings were greeted with positive comments on the importance of pharmacy and its role in the healthcare legislation including most of our major talking points like MTM. We also emphasized that regardless of the outcomes of healthcare reform, we felt strongly that these topics needed to be addressed in future legislation.

During each of our appointments, I presented a patient case from rural North Carolina. I used this case to illustrate an actual constituent of North Carolina and her complications with medication therapy including polypharmacy, drug-drug interactions, inappropriate therapy, unnecessary therapy, and to demonstrate how this Medicaid patient could truly benefit from the services of a pharmacist in the community. While I received many questions regarding this case and how the intervention helped the patient, the most important came from Congressman Walter Jones who asked me to send him this case with cost analysis

of this patient's medications before and after the intervention. Providing specific case examples to our representatives can really illustrate the importance and role of pharmacists in the community!

Overall, the day was productive and rewarding. It was an eye-opening experience to see how we can directly impact healthcare legislation. Hopefully, more pharmacists and student pharmacists will join RxIMPACT in 2011 to continue the grassroots efforts and pro-pharmacy initiatives. Keep in mind that you can be an advocate for the profession of pharmacy in more ways then just visiting Capitol Hill! 1) Advocate by telling your family, friends, and community what a pharmacist can do to provide quality, accessible healthcare; 2) Advocate by sending emails to your local, state and federal legislators related to issues directly impacting pharmacy; 3) Advocate by planning meetings with local and state legislators about the key issues impacting pharmacy in your community. But most importantly, advocate by continually providing high-quality, cost-effective healthcare to your patients, and being the true face of neighborhood pharmacy.

RxIMPACT Student Advocacy Academy preps activists

By Kelly Martin, University of North Carolina Eshelman School of Pharmacy PharmD Candidate Class of 2010

In the days leading up to one of our country's most talked about governmental debates—the effort to pass a comprehensive healthcare bill in Congress—student pharmacists gathered in Washington DC to learn about and participate in pharmacy advocacy. The energy and excitement surrounding the possible major overhaul of the current healthcare system set the stage for an enlightening and invigorating educational experience: The National Association of Chain Drug Stores (NACDS) RxIMPACT Student Legislative Advocacy Academy. This event, set the day prior to the second-annual NACDS RxIMPACT visit to Capitol Hill, provided students with the tools to effectively participate in the legislative visits with policymakers and gave student pharmacists the momentum to spread the excitement of pharmacy advocacy to others.

On March 10, my classmate from the University of North Carolina Eshelman School of Pharmacy, Kim Fordham, and I participated in the RxIMPACT Student Legislative Advocacy Academy. Held at the exquisite "W" Hotel just off of the National Mall in Washington DC, the session was an ideal opportunity to motivate and guide students through the process of growing as advocates for the profession of pharmacy. Fifty-one student pharmacists from sixteen schools of pharmacy participated in this inaugural training event that truly exceeded everyone's expectations. Not only did students take away knowledge of the general policy process and the importance that political action has for the world of pharmacy, but they also emerged extremely energized and motivated to spread their enthusiasm to all classmates and practitioners.

When I spoke with the event coordinator and Director of Pharmacy Programs for NACDS, Alex J. Adams, he explained that "The overarching goal (of the advocacy academy) was to create a program that helps train and develop the next generation of advocates for the profession, and to encourage students to think broadly about the relationship between public policy and pharmacy."

The pharmacy leaders who served as event speakers brought with them fantastic insight about many aspects of the advocacy process. Adams kicked off the event with a message to the students about the need to teach members of the Senate and the House of Representatives about the important role that pharmacy plays in the healthcare team. Adams also taught us that in order to take our profession to the next level we must show legislators the benefit that pharmacists can provide by drastically improving patient care.

Through these educational sessions, students learned how to become effective advocates through strategic communication and lobbying techniques. We were reminded, with the help of a vivid excerpt from the film "The Candidate" starring Robert Redford, that politicians are endlessly scrutinized and that they are submersed in a world in which everyone wants something from them. Often, the most successful way to make an impact and to get the message of pharmacy across is with confident, yet respectful, interactions with legislators. Also, legislative assistants and other members of the legislative staff are often very well-versed in current healthcare issues and may provide one of the best routes to convey our message. Actively networking and continuing relationships with everyone that you meet during professional interactions and visits to policymakers are vital to getting the message of pharmacy across. Not only does this help build relationships, it also fosters trust that prompts legislators to turn to us with many questions regarding healthcare policy.

A staff perspective on what to expect from a federal legislative visit was provided by Stephanie Hammonds, a member of the US Senate Committee on Health Education, Labor & Pensions and current Congressional Fellow at the Virginia Commonwealth University-American College of Clinical Pharmacy-American Society of Health-System Pharmacists partnership. Hammonds taught us that the best way to get our message across is to share stories of our pharmacy interventions with actual constituents and demonstrate how legislation affects the real people in the district.

Students were exposed to curricula that are in place in numerous pharmacy schools to teach "practical politics and pharmacy" and how to truly engage our communities. We were taught that the heart of advocacy is developing and supporting policy that ultimately advances public health and that it is important for students to learn about this while still in school. With this baseline knowledge of the policy process, at both the state and federal levels, we can enter the profession of pharmacy ready to make a difference for all patients through political advocacy.

The concluding panel of speakers, including North Carolina's own Mark Gregory, Vice President of Pharmacy and Government Relations for Kerr Drug, provided an exciting culmination to the day's events. Student pharmacists emerged ready to storm Capitol Hill the following day to deliver key messages about legislation important to the profession of pharmacy. "Pairing the student training program with the RxIMPACT Day on Capitol Hill allowed an opportunity to teach students the 'tricks of the trade' then put those skills into practical application as they met with legislators and their staff" said Adams.

An NACDS RxIMPACT toolkit is available online at http://capwiz.com/naeds/home/toolkit that provides information on how to get involved in the pharmacy policy process. It is an excellent tool for anyone who is interested in developing skills to be an effective pharmacy advocate. ❖

Utilizing Pharmacy Students to Implement Pharmacy Services

by Laura Yoder, PharmD

Pharmacy students enter their fourth year with a wealth of disease and drug knowledge. They also possess the ability to identify medication-related problems and desire to assist in conducting Medication Therapy Management (MTM) encounters with patients. Allowing students to assist in implementing MTM services in community pharmacies can be beneficial to the student, as it allows the opportunity to sharpen therapeutic knowledge and improve communication skills, but also can be lucrative for the pharmacy.

Laura Yoder, PharmD is currently a Campbell University Geriatric Pharmacy Resident at East Carolina University, Department of Family Medicine.

North Carolina has four potential pathways for reimbursement for community pharmacy-based MTM. North Carolina Medicaid patients who are "locked in" to the pharmacy are eligible for FORM (focused risk management) reviews each quarter. Two Medicare Part D plans, Humana and Community Care Rx, offer reimbursement for providing comprehensive medication reviews to select patients who have their plan. Additionally, CheckMeds NC offers reimbursement for providing face-to-face encounters with MTM patients.

During a one-month MTM advanced pharmacy practice experience I worked with Charlotte AHEC director Joan Settlemyer, PharmD and business owner George Brookins, RPh to implement MTM services in a community pharmacy. During this month, I set up a system to identify eligible patients, conduct MTM reviews with the help of a preceptor, and bill for pharmacy services. Potentially eligible patients were identified in one of the following ways:

- by the pharmacist or technician at the time of medication pick-up
- a computer generated list of all patients age 65 and older who also have a Medicare Part D prescription drug plan
- NC Medicaid claims data from the previous quarter
- by reviewing the pharmacy queue in the Mirixa database (includes Community Care Rx patients only).

Once identified, patients were contacted to schedule an appointment for a comprehensive medication review (CMR). If scheduled, the patient was instructed to bring all prescription medications, including over-the-counter medications and supplements to the appointment, along with any recent lab information from their physician. Medication profiles were printed and reviewed with the faculty preceptor prior to the encounter. All medications were discussed with the patient during the encounter and if medication-related problems were identified, a plan was made for resolution. At the conclusion of the encounter patients were given a copy of their Personal Medication Record (PMR) and Medication Action Plan (MAP). If medication-related problems were identified that necessitated provider contact, a letter was faxed to the patient's physician. All encounters were documented appropriately according to program type.

In addition to face-to-face MTM encounters, I identified the NC Medicaid patients who "locked in" to the pharmacy and were eligible for a FORM review. After all the reviews were completed and faxed to physicians, seventy-two percent were signed by the physician and returned via fax to the pharmacy.

At the conclusion of the month-long rotation I developed student procedures for performing, documenting, and billing MTM services for all four North Carolina MTM reimbursement programs. Additionally, a total of $3,090 was reimbursed to the pharmacy for the student-driven MTM encounters. Both the student and the community pharmacy benefited from this relationship. Fourth-year pharmacy students can be a valuable asset to independent pharmacies who wish to implement medication therapy management services. ❖

Community Pharmacy Quality Assurance Programs and E-Prescribing

E-prescribing has been shown to effectively reduce the frequency of medication errors in the hospital setting[1]. While there is a limited body of published data specific to the community setting, it is thought that e-prescribing has similar effects in the outpatient setting[2-5]. However, as with the new technology of computerized physician order entry in the hospital setting, e-prescribing may be associated with new systems-induced error sources and may increase the frequency of certain types of errors[2,6]. This article highlights the known types of errors associated with e-prescribing, methods to identify these errors, short-term tactics to prevent e-prescribing errors from reaching patients, and recommendations for reviewing these errors within your pharmacy's quality assurance (QA) program.

Known e-prescribing errors

Despite the fact that e-prescribing has been shown to decrease the overall rate of medication errors, errors associated with use of e-prescribing do occur (See Table 1), and there may be new systems-induced error sources (See Table 2). Two recent studies showed that a new e-prescription was nearly twice as likely to require a pharmacist's intervention as a new written prescription[2,3]. Incorrect SIG/directions and omission of important information in the SIG accounts for nearly all reported types of errors in these studies [2,3].

Table 1: Known types errors of associated with e-prescribing

- Incorrect or omitted sig or directions
- Incorrect or omitted dose
- Incorrect or omitted drug
- Incorrect or omitted quantity
- Insufficient dose
- Excessive dose

Table 2: New potential systems-induced error sources

- Selection of inappropriate dosage form for required route
- Selection of inappropriate product
- Misuse of a dropdown menu resulting in an incorrect dose, frequency, or formulation
- Selection of inappropriate default dose

Error detection and preventing harm

The opportunities to prevent erroneous e-prescriptions from reaching the patient can be improved by studying the workflow and the "handoff" of an e-prescription. The first handoff occurs when the pharmacy transcribes faxed data or accepts electronic data entered by the physicians or their staff. This task is typically handled by a technician. Technicians, knowledgeable about the types of e-prescription errors, have the opportunity to catch the types of error listed in Table 1. Training and attention should be focused on the SIG, additional directions, notes, and miscellaneous fields. Primary and auxiliary directions for the use of the medication may be transmitted within any of these fields. E-prescribing systems are transmitted via fax to the pharmacy or directly interface with the pharmacy's computer system, eliminating the transcription/data entry step. Even in cases when the prescription is automatically imported into the pharmacy's dispensing system, software incompatibilities are known to interfere with the complete and accurate transfer of the e-prescription. After the e-prescription is successfully entered into a pharmacy's computer system, the next handoff occurs when the prescription is verified by the pharmacist. As with any prescription, the pharmacist verifies the SIG with the dose and dosage form. E-prescribers may be at increased risk of mismatching the dosage form with the SIG when selecting the product from a list of generic names. As an example, metoprolol tartrate may be prescribed daily when the prescriber intended to prescribe metoprolol succinate (the long-acting dosage form). The final handoff and last opportunity to prevent errors from reaching the patient occurs when the patient receives the medication. The final handoff occurs at the time of patient counseling; the next best opportunity for ensuring there is agreement between the information the physician provided the patient and the medication or medications being dispensed. Your pharmacy's workflow may have additional e-prescribing steps and handoffs that need to be evaluated for risk and safety. The pharmacy's quality assurance program is an appropriate mechanism to conduct this pharmacy-specific evaluation.

Quality assurance and safety reporting

There are four basic strategies to decrease the risk of patient harm from e-prescribing errors: (1) raise awareness of known types of e-prescribing errors, (2) train employees to detect errors, (3) report potential and actual errors to the pharmacy's QA program, and (4) develop safety steps in the workflow to capture errors before they reach the patient. The pharmacy's QA program is the professionally recognized safety system to develop error prevention measures. Internal reporting of quality-related events, such as e-prescribing errors and potential errors, followed by peer review discussions within the pharmacy's QA program, increase communication and awareness and help develop solutions to prevent these errors from reaching the patient. The data and documentation from a QA program could be used to aid in the opening of dialogues with physicians to reduce incoming error frequency. External reporting of quality-related events provides important feedback to other practitioners, vendors and policy makers. The Pharmacy E-Prescribing Experience Reporting (PEER) Portal is a nation-wide surveillance program managed by the National Alliance of State Pharmacy Associations (NASPA). Reports submitted to the PEER Portal are de-identified, analyzed and used by NASPA to improve e-prescribing safety. The link to report quality-related e-prescribing events is at http://www.pqc.net/eprescribe/disclaimer.htm.

E-prescription volume has risen from about 2 million in the first quarter of 2006 to about 23 million in the fourth quarter of 2008[7]. The Institute of Medicine has recommended that all pharmacies be capable of receiving e-prescriptions by 2010[8]. The scope of this article is to highlight the individual pharmacy's role in preventing e-prescribing errors from reaching the patient. A comprehensive approach to reducing e-prescribing errors and harm will need to include continuous quality improvement actions by physicians, software vendors, hardware vendors, regulators and others. ❖

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About the Author...

Thomas O'Reilly 2010 Doctor of Pharmacy Candidate at Wingate University, was completing a Medication Safety clerkship at Second-Story Health, LLC in Carrboro, NC during the time he authored this article

Online Offerings:
Pharmacist Refresher Course & QA/Law

NCAP has partnered with the Connecticut Pharmacy Association to offer The Pharmacist Refresher Course, an online course designed for pharmacists who wish to return to community pharmacy practice after an absence from practice for three or more years. The course consists of three modules, all of which have been approved for ACPE credits. The first two modules are completely online and composed of weekly study segments that allow course participants to work at their own pace, on their own time. The third module consists of a three-week, 90-hour live experience in a community pharmacy. Only those who participate in all three modules will earn a Pharmacist Refresher Course Certificate from Charter Oak State College. Those taking modules One and/or Two for personal enrichment will earn ACPE credits through CPA. This course will give home study law credit to any pharmacist wanting to learn about quality assurance strategies and North Carolina's pharmacy laws.

The QA/Law Course can be used to prepare for reciprocity into North Carolina, or for those who want an update on Pharmacy Law and Quality Assurance.

Students must follow a two-week course schedule. Online discussion boards and instructor monitoring and interaction keep you on track throughout the course. The course is offered the first two full weeks of every month. The registration deadline is the Thursday before each monthly course starts. This course is accredited by ACPE for 15 hours of home study law education.

For more information visit www.ncpharmacists.org.

Pharmacy Leaders' Forum from a New Practitioner's Perspective

On February 5, 2010, in the midst of one of the many snow storms of the season, more than 40 pharmacy leaders from across the state gathered at the Proximity Hotel in Greensboro, NC for the 2010 Pharmacy Leaders' Forum sponsored by the North Carolina Board of Pharmacy (NCBOP). The Forum brought together key players from all areas of pharmacy, including academia, community, institutional, and organizational to discuss critical issues that affect not only our profession, but the community as a whole. For the second year in a row, Abbie Williamson and I were incredibly honored to represent NCAP's New Practitioner Network (NPN).

Since the founding of the NPN in 2006, the NPN Executive Committee has been extremely active with student outreach, participation in the annual residency conference, new practitioner programming at the NCAP Annual Fall Convention and piloting a mentor/mentee program within NCAP. As participants of the Forum, we were able to provide a voice for students and all pharmacists who have been in practice seven years or less, including residents and fellows, and convey Forum happenings back to the NPN.

Many Forum attendees met the evening before at a BOP sponsored dinner. The setting was ideal for networking and provided the opportunity to familiarize new acquaintances with the purpose and role of the NPN. The evening lended itself to numerous informal discussions and debates about various happenings in the pharmacy world and was the perfect transition into the next day.

During the Forum, keynote speakers provided information regarding various topics while simultaneously encouraging the exchange of experiences, ideas and future directions from all attendees. The morning began with Jeffrey Engel, MD, State Health Director, who discussed the role of pharmacists in public health matters such as emergency preparedness and the delivery of immunizations. Engel, who works closely with Amanda Fuller, PharmD, applauded pharmacists for their efforts in public health arenas and encouraged the profession to not only continue but to strengthen this involvement.

Ryan Swanson, PharmD and Ashley Branham, PharmD of the NCAP Immunization Task Force then transitioned into the highly discussed topic of expanding pharmacy immunization services in North Carolina to either broaden the scope of immunizations pharmacists may administer, or lower the age limit for patients receiving immunizations. Forum attendees discussed the pros and cons of each and provided feedback on an immunization survey recently distributed via email by the NCBOP. As new practitioners, it is often easy to take the progressiveness of pharmacy in our state for granted, so it was humbling to learn that 17 states currently provide full or nearly full authority to pharmacists who immunize.

The next session, Pharmacy Education in North Carolina, featured reports from Dean Robert Blouin, PharmD from the UNC Eshelman School of Pharmacy and Penny Shelton, PharmD from Campbell University College of Pharmacy & Health Sciences. Blouin commented on the possibility of expansion in pharmacy education in our state via a satellite campus in Asheville associated with the UNC Eshelman School of Pharmacy, or the establishment of a new school in Greensboro. Penny followed with data regarding the current status of pharmacy positions in the state, specifically the decline in both part-time and full-time positions. She reviewed results from a perception survey conducted by the Experiential Program Office at Campbell. Forty four percent of respondents from the Class of 2010 had yet to receive an offer for a position post graduation and over one-third of respondents believe the type of position they are interested in is not available.

After a networking lunch, Fred Eckel reported on Pharmacy Practice Models and Chris Shoffner from the White Bear Group discussed Patient-Focused Solutions. Fred reemphasized the JCPP 2015 Vision that "pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes." In addition, he reported on MTM key statistics that showed a high return on investment and a decrease in total health care costs from implementation of MTM services. Schoffner shared White Bear Group's solutions for implementing more effective health care including use of a personal health record (PHR) and a health "coach." To wrap up the day, attendees participated in an open discussion covering topics such as mandatory mail-order but unfortunately, due to weather and planned travel, the meeting was adjourned.

For both of us, attending the forum was an energizing, encouraging experience. It was amazing to be able to witness firsthand the dedication of pharmacy leaders across the state. We would like to thank both NCAP and the NCBOP for the opportunity to participate in this event and hope new practitioner leaders will continue to be able to participate in the future. For more information about the Forum or the NCAP NPN, please contact Debra Kemp at debra.kemp@va.gov or Abbie Williamson at awilliamson@wakemed.org. ❖

About the Authors...

Debra Wobbleton Kemp, PharmD, BCPS, CPS is Chair of NCAP's NPN, Clinical Assistant Professor at the UNC Eshelman School of Pharmacy, and Clinical Pharmacy Specialist at the Durham VAMC.

Abbie Crisp Williamson, PharmD, BCPS is Immediate Past Chair of NCAP's NPN and Pharmacy Clinical Coordinator at Heart Center, WakeMed Health & Hospitals.

NCAP Annual Acute Care Practice Forum Meeting

The NCAP Acute Care Practice Forum meeting was held March 21-23 at the Sheraton Greensboro Hotel at Four Seasons in Greensboro, NC. The annual meeting included exhibits and student poster and platform presentations.

Acute Care Practice Forum Chair Mary Parker (left) presents the Acute Care Pharmacist of the Year award to Debbie Montague.

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NCAP Annual Chronic Care Practice Forum Meeting

The NCAP Chronic Care Practice Forum meeting was held March 25-26 at Embassy Suites Golf and Resort in Concord, NC. The annual meeting included exhibits and conference posters.

The Chronic Care Pharmacist of the Year Award was presented to Holly Nunn by Phillip Thornton, Practice Forum Chair.

Penny Shelton, Dale Jones Memorial Award winner Charlotte Matheny, and Judy Jones.

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Community Pharmacies:
Improving Accessibility and Usability for Older Adults

By UNC Eshelman School of Pharmacy students Joseph Hoyle, Ashley Leak, Gabe Byars, Jena Ivey, Susan Coppola, Carol Giuliani and Cheryl Zimmerman

1. Abstract

Overview: An interdisciplinary team of graduate students with an interest in aging from UNC-Chapel Hill developed recommendations for community pharmacies to improve older adult accessibility and usability of their products and services.
Method: Through four seminar meetings during the fall of 2008, the team discussed a case study of an older adult couple, visited local community pharmacy stores, conducted independent research, developed recommendations and priorities for improving the stores, and discussed the feedback with a store manager.
Findings: The team identified six areas for potential improvement: accessibility, mobility, visibility, organization/layout, store environment, and information/assistance. Within the context of increasing product demand by older adults, community pharmacies can use these areas of potential improvement to help their businesses move beyond regulations towards creating an environment welcoming and useful to clientele over 65 years of age.

The content in this article appeared first in a poster presented at the 20th Annual Challenges in Geriatrics Practice Conference at the William and Ida Friday Center in Chapel Hill, NC, March 5-6, 2009, and then at the Aging Exchange Conference at the William and Ida Friday Center, September 15, 2009, and at the John B. Graham Medical Student Research Day, January 27, 2010.

2. Older Adults as a Clientele for Community Pharmacies

Persons over the age of 65 will gain importance as a clientele, especially after the first baby boomers turn 65 in 2011. In 2000, persons over the age of 65 made up 12 percent of the total population in North Carolina. Between the years 2010 and 2030, the US Census Bureau projects this demographic will more than double nationally, from 35 million to 72 million, increasing from 12 percent to 20 percent of the total population. [1]

Older adults have high rates of chronic health conditions and utilize multiple medications and, therefore, have a greater likelihood of becoming clientele for community pharmacies.[2] About 80 percent have at least one chronic health condition and 50 percent have at least two.[1] Yet despite these high rates of chronic health conditions, older adults have reported declining poverty and disability rates over the past two decades.[1] Although aging is a diverse and individual experience, the increasing financial and functional status of older adults leads us to consider this clientele to be of growing importance to community pharmacies, as these adults will continue to shop for themselves for many years.[3]

3. Interdisciplinary Education in Aging at UNC-Chapel Hill

Because interdisciplinary health care work environments are being encouraged by groups such as the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry, interdisciplinary education projects in aging such as this one, through the Center for Aging and Health at UNC-Chapel Hill, have developed.[4] Such educational training allows all disciplines to benefit from expanded understanding, increased trust, and immediate opportunities to practice teamwork across and between disciplines.[5] As far as we know, there has never been an interdisciplinary team to look at older adult accessibility and usability of the products and services of community pharmacies. However, the Disability Rights Section of the U.S. Department of Justice has published a document with recommendations for businesses to "expand your market" to older adult customers and have provided many other documents in support of the Americans with Disabilities Act.[6] Laws, such as the Americans with Disabilities Act, have focused on checklists of accessible features – for example isles at least three feet wide to enable wheelchair access.[7] However, research suggests that retailers need to take a broader view when examining barriers to access. Kauffman-Scarborough argued that it is necessary to take a continuous sequence view of access: "Rather than considering each environmental attribute or activity separately, continuous sequence includes the individual attributes plus the sequence of behaviors necessary in transitioning from one activity to the next."[8] Researchers in the United Kingdom suggests that stores need to take a proactive approach to serving and marketing to older adults. Both access and communication of available services are important for attracting older clientele. Encountering even a single barrier, such as an inaccessible toilet or not having a rest area may prevent an older adult from successfully completing a shopping trip and may prevent them from returning in the future.[9]

In the fall of 2008, thirteen UNC-Chapel Hill graduate students in the fields of medicine, nursing, occupational therapy, public health, social work, and pharmacy participated in a monthly seminar series designed to provide interdisciplinary education in aging and to foster interdisciplinary teamwork. The series is a requirement towards achievement of the Certificate in Aging, a "campus-wide interdisciplinary program drawing on the University's rich set of resources to offer graduate students, community professionals, and faculty members gerontological knowledge essential for work in an aging society."[10] Each year, the seminar coordinators, who are faculty at UNC-Chapel Hill, develop a course plan to incorporate a group project around an issue in aging.

At the first seminar, the students analyzed the challenges facing an older couple living in Chapel Hill from the perspectives of different disciplines, and then began to develop a list of the health products they would likely need. Before reconvening for the second seminar, the students divided into four groups and visited four local community pharmacies to report on the likely ability of older adults and their caregivers to access and use pharmacies to obtain the products.

At the second seminar, the four groups described their experiences and shared pictures and other information, such as the availability of disability parking and store

layout. Afterwards, the group reflected upon their experience and the obstacles faced by older persons, such as their case study couple, and developed a list of six areas for potential improvement. The students then regrouped to consider specific recommendations for each of these areas

At the third seminar, after having time to do further research, these new groups presented their recommendations and developed them through a discussion with the rest of the team. The team then presented an oral presentation at the fourth seminar, which was open to the managers from the four stores originally visited. Only the representative from Kerr Drug attended, but, we think, a meaningful discussion resulted concerning the feasibility of our recommendations. The relationship established with Kerr Drug led to plans for some of the recommendations to be incorporated in the opening of a new store.[11]

4. Findings from Drug Store Visits

Based on the site visits, independent research, and educational backgrounds, the team identified six areas of potential improvement for the pharmacy managers: accessibility, mobility, visibility, organization/layout, store environment, and information/assistance. Within each of these six areas, the team developed a list of recommendations, as described below.

Accessibility

- Product placement (above knee height and below shoulder height)
- Aisles wide enough to maneuver a walker or a wheelchair
- Wide entrances and exits (door width is enough for wheelchair access)
- Clearly marked curb cuts
- Overall environment recognizes that compliance with the ADA may still result in stores "that are technically accessible without being operationally accessible." (8)

Mobility

- Places to sit for rest
- Wheelchairs or motorized carts (in store and parking lot)
- Convenient location of shopping carts
- Low pile carpeting (for mobility devices and reduces chance of falls)
- Clear aisles (Be mindful of things that can temporarily block aisles.)

Visibility

- Aisle and price tag signage (size, color, and location)
- Help buttons (or personal assistance with shopping)
- Magnifying glasses in each aisle, labeled to encourage customer use
- Good lighting

Organization/Layout

- Product Placement (clear signage for people with decreased endurance)
- Privacy for personal items such as incontinence supplies
- Store map (allowing people to plan their route through the store)
- Similar products grouped together for selection (by product vs. by brand)

Store Environment

- Cool temperature (so that shoppers do not have to remove and carry their coats)
- Low volume ambient noise, such as music (for ease of conversation)
- Low gloss floors or low pile carpet to reduce glare and fall risk
- Reduce lighting glare (consider window shades for different hours of the day)

Information/Assistance

- Employees available to offer assistance (sensitive to culture, age, and disability)
- Product guides (use of common products, e.g. glucometer, durable medical equipment)
- Community resources (phone number to senior center or area agency on aging)
- Medication management services (counseling, packaging, filling pillboxes, delivery)

5. Next Steps for Community Pharmacies and Health Professionals

Our hope is that improved accessibility and usability of products found in community pharmacies will lead to better health for older adults and for business. We hope that owners, managers, and all employees will look for ways to implement these recommendations, especially when renovating or building.

As student authors, we recognize the limitations we have on following up with these recommendations. Nevertheless, we hope that future seminar groups will consider developing more specific recommendations from the framework we have developed. In addition, research could analyze the implementation of these recommendations, their effects on profit and consumer loyalty, and their relationship to community health measures, such as fear of falling, physical activity, and community mobility and ambulation. There are also ways in which health professionals can use this information to assist older adults by preparing older adults to meet these challenges of accessibility and usability. Recognizing the relationship of these recommendations to the environmental dimensions of mobility could also assist health professionals in assessing a patient's ability to live independently in their community.[12] ❖

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NCAP Election and Award Nominations

NCAP Election

Deadline for nominations: June 21, 2010.
NCAP Members are invited to make nominations or submit their interest in being considered for the 2010 election. Nominations must be in writing (includes e-mail). NCAP will elect a 2011 President-Elect (to serve as President in 2012, 3-year term) and two At-large Board members (3-year terms). Send nominations to NCAP Nominations Committee, 109 Church Street, Chapel Hill, NC 27516, fax to 919-968-9430 or e-mail linda@ncpharmacists.org.

Acute Care Practice Forum:
The Practice Forum will elect a Chair-Elect (3-year term), three Executive Committee members (3-year terms) and one Delegate to ASHP (3-year term). Members of the Practice Forum may submit their nominations to Practice Forum Chair Mary Parker, mary.parker@mosescone.com.

Chronic Care Practice Forum:
The Practice Forum will elect a Chair-Elect (3-year term) and three Executive Committee Members (3-year terms). Members of the Practice Forum may submit their nominations to Practice Forum Chair Phillip Thornton, p.thornton@wingate.edu.

Community Care Practice Forum:
The Practice Forum will elect a Chair-Elect (3-year term) and two Executive Committee members (3-year terms). Members of the Practice Forum may submit their nominations to Practice Forum Chair Jennifer Askew, jennifer.askew@nhhn.org.

Awards

Deadline for Nominations: June 21, 2009.
It is a privilege for the North Carolina Association of Pharmacists to recognize excellence within the profession. NCAP will present the following awards at the Convention, October 24-26 in Research Triangle Park, NC. The Board of Directors invites NCAP members to make nominations for these awards. Nominations must be in writing (includes e-mail) and include biographical data on the nominee and the reasons you feel the nominee is deserving. Submit nominations to NCAP Awards Committee, 109 Church Street, Chapel Hill, NC 27516, fax to 919-968-9430 or e-mail linda@ncpharmacists.org.

Don Blanton Award:
Presented to the pharmacist who has contributed most to the advancement of pharmacy in North Carolina during the past year. This award was established by Charles Blanton in memory of his father, Don Blanton, who served the North Carolina Pharmaceutical Association as President 1957-58.

Innovative Pharmacy Practice Award:
Presented to a pharmacist practicing in North Carolina who has demonstrated Innovative Pharmacy Practice resulting in improved patient care.

Pharmacists Mutual Distinguished Young Pharmacist Award:
Criteria for this award are: (1) Entry degree in pharmacy received less than 10 years ago (2000 or later graduation date); (2) Licensed to practice pharmacy in NC; (3) Actively practices retail, institutional, managed care or consulting pharmacy; (4) Participates in national pharmacy associations, professional programs, state association activities and/or community service.

Wyeth Bowl of Hygeia Award:
Criteria for this award are: (1) Licensed to practice pharmacy in NC; (2) Has not previously received the Award; (3) Is not currently serving nor has he/she served within the immediate past two years on its awards committee or as an officer of the Association in other than an ex officio capacity; (4) Has compiled an outstanding record of community service, which, apart from his/her specific identification as a pharmacist, reflects well on the profession.

Wingate University to Expand Pharmacy Program

Wingate University has announced plans to expand its Doctor of Pharmacy Program to serve the Asheville/Hendersonville area of Western North Carolina. The expanded program is expected to begin in fall 2011 and employ 13 full-time faculty and staff. The first of its kind in the area, the four-year doctoral program will enroll 72 students.

The expansion underscores the University's commitment to pharmacy education in North Carolina to meet the increasing need for future pharmacists.

Students in the Asheville/Hendersonville program will practice their clinical education in affiliated community pharmacies, long-term care facilities, clinics, Park Ridge Hospital in Fletcher and the Charles George VA Medical Center in Asheville. "A unique aspect of the Wingate University pharmacy program is our practice-based cooperative education philosophy which requires strong support from our clinical education partners," said Robert Supernaw, dean of the Wingate University School of Pharmacy. "We are grateful to our partners for their commitment to our students' success." In addition to establishing clinical education sites, the University will offer doctoral-level classes and labs in a centrally located facility in the Asheville/Hendersonville area. ❖

2009 NCAP President's Club

We wish to thank the following for their contributions to the 2009 Endowment Fund. Your tax-deductible contribution can be made on your membership renewal form, at www.ncpharmacists.org (About NCAP/NCPhA Endowment) or by mail: NCAP Endowment Fund, 109 Church Street, Chapel Hill, NC 27516.

Platinum ($1,000 +)

Billy Thomas Allen, Pollocksville, NC
Fred Eckel, Chapel Hill, NC
NC Mutual Wholesale Drug Co., Durham, NC
Wake County Pharmaceutical Association

Gold ($100 - $999)

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Melinda Cashion Childress, Lewisville, NC
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Christine Davis, Wendell, NC
William Humphrey Doares III, Advance, NC
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Jennifer Cavenaugh Knowles, Wallace, NC
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Tom Miya, Omaha, NE
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Jo Ellen Rodgers, Chapel Hill, NC
Penny Shelton, Raleigh, NC
Parks Thomas, Delco, NC
Jack G. Watts, Burlington, NC
Milton Whaley, Durham, NC
Logan Womble III, Plymouth, NC

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Willie Riggs Godfrey III, Greenville, NC
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Janet Johnson, Pilot Mountain, NC
Dewey and Alice Jordan, High Point, NC
LeAnne Davidson Kennedy, Winston-Salem, NC
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Timothy Marcham, Aberdeen, NC
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Seth Miller, Lexington, NC
Tom Miya, Omaha, NE
Lucy Patterson, Durham, NC
William Tillman Rhodes III, Lumberton, NC
Zoe Stefanadis, Chapel Hill, NC
William Thurston Williams, Wilson, NC
Jennifer Weissert, Argos, IN

2010 calendar

4/21: Update on North Carolina Pharmacy, live program at UNC with VTC and Webinar remote options. Visit www.pharmacy.unc.edu/ce

5 5: Update on North Carolina Pharmacy rebroadcast via VTC and Webinar. Visit www.pharmacy.unc.edu/ce

7 9: Residency Conference. Greensboro

8 6-8: Community Care Practice Forum Meeting Myrtle Beach

9 25: Student Leadership Conference. Pinehurst

10 24-26: NCAP Annual Convention Research Triangle Park

More at www.ncpharmacists.org

Pharmacy Time Capsules

1985, Twenty-five Years Ago:

- AIDS test for blood approved by FDA in its first major action to protect patients from infected donors.
- The Kroger Company of Cincinnati outbid Rite Aid for the Hook's Drug Stores chain of Indianapolis and combined it with their Super-Rx units.
- First oral drug approved to prevent/reduce recurrent outbreaks of genital herpes Zovirax (Burroughs Wellcome).

1960, Fifty Years Ago:

- Five-year BS implemented as the minimum standard for U.S. colleges of pharmacy.
- Eugene White of Berryville, VA opened an office based pharmacy that stressed relationships with patients and utilized formal patient prescription monitoring.

1935, Seventy-five Years Ago:

- First reports of the clinical effectiveness of Gerhard Domagk's new medicine [Prontosil] for infections appear.
- Formulary of the University Hospital, University of Michigan developed by Harvey A.K. Whitney, Sr.

1910, One hundred Years Ago:

- First Pharmaceutical Syllabus issued providing the basic course of study for the 2-year PhG and providing a more objective basis for licensure examinations and reciprocity.
- Founding of Arizona Pharmaceutical Association.
- Phi Delta Chi ratifies the change of its name from Phi Chi to avoid confusion with Phi Chi Medical Fraternity.

By Dennis B. Worthen, Lloyd Scholar, Lloyd Library and Museum, Cincinnati, OH

North Carolina Pharmacist

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Volunteerism

Pharmacists making a difference.

Save the date!

NCAP Annual Convention

10 Years Strong!

October 24-26 • Sheraton Imperial • RTP, NC

Topics include:

Making the Most of Your Certificate Program • Emergency Preparedness • Roundtables
Maintaining Compliance with TJC standards: Exciting Activities by Pharmacists within NC
Health Care Reform & Its Impact on Pharmacy presented by APhA CEO Tom Menighan
Let's Quit Talking about Pain and Do Something: Practical Pain Management Tips for Busy Practitioners
Navigating Midyear: Panel Discussion • The Pharmacist's Role in Disease Prevention
Pharmacy Law Update for Pharmacists and Technicians • Self-Care for Pharmacists
Zero Tolerance for Hospital-Acquired Infections • Advancing the Role of the Pharmacy Technician in NC
Considerations in Use of Herbal Supplements • Co-Dependency Issues in Pharmacy
New Drug Update for Pharmacists and Technicians • Update for New Practitioners
Update on Clostridium Difficile Treatment • Peer Intervention Training • Update on NC Medicaid
Focus on Chronic Myelogenous Leukemia • CV Writing and Interview Skills
Addressing Patient Safety Concerns in the Use of Follow-On Biologics • OTC Jeopardy
The Pharmacist's Role in a Patient-Centered Medical Home • Medication Reconciliation
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As a Four-time *New York Times* bestselling author and long-time associate editor of Sports Illustrated, Don Yaeger has developed a reputation as one of America's most provocative journalists. The variety of topics he has covered is so vast that every major talk show – from Oprah to Nightline, from CNN to Good Morning America – has invited him to be a guest. Using rich personal accounts gathered from more than twenty years of interviews with many of today's sports legends and business leaders, Don has distilled "Sixteen Consistent Characteristics of Greatness" and he'll be sharing it with us!

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North Carolina Pharmacist

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Inside

We're Planning a High Energy Membership Recruitment Competition

The NCAP Board of Directors is hosting a membership event that promises to be like no other. On September 14, volunteers will meet at the Institute of Pharmacy to work against the clock, and against each other, in an all day competition to sign up new NCAP members. The event is organized by Jackson Development Resources whose specialty is high energy membership campaigns that allow volunteers to conduct "out of the box" membership events while building the membership base for the association. State pharmacy associations who have used this strategy report an increase in membership and a full day of fun for the volunteers. The drive kicks off early in the morning and will conclude with a celebration party and BBQ. **If you'd like to be involved call NCAP today!**

The State of the Association

Periodically I like to report on how NCAP is doing. By most measures that are used to assess an association, we do well. Membership is growing slightly each year, although it is far from what it needs to be to say that NCAP represents the majority of North Carolina pharmacists. At our July Board of Directors meeting the Board agreed to conduct a peer-to-peer membership drive in September. Other pharmacy associations who have tried this approach raised $30,000 to $60,000 in new membership revenue. I am excited that our Board wants to do this. This suggests that our Board is fully engaged in our activities, is committed to advancing North Carolina pharmacy through NCAP, and is using the strategic planning process to move the profession forward. Our President-Elect, Cecil Davis, is monitoring our strategic planning progress and gives reports at each Board meeting.

Our lobbyist, Evelyn Hawthorne, has been on board long enough now to know pharmacy and NCAP. We finished this legislative session with pharmacy not losing any ground, but we were not successful with our one new legislative goal of expanding the pharmacist's role in immunizations. We do have a promise to try to get something into a committee report that might make it easier to enact legislation next year. We were opposed in our efforts by organized medicine this year, but hope we can build enough allies during the fall and winter to have success in 2011. If successful, it will be another example of NCAP's contribution to the advancement of pharmacy practice. NCAP likes to take credit for our legislative successes, but we work collaboratively with the Association of Community Pharmacists (ACP) and the Chain Drug Coalition in the Legislature, so we are all responsible for our successes. For the first time in a long time we may have a pharmacist in the Legislature if Tom Murry is successful in the November election for the seat in District 1. Some of you may remember, as I do, how secure pharmacy felt having pharmacist John Henley in the North Carolina Senate and Barney Paul Woodard in the North Carolina House. We wish Tom success in his campaign.

Another measure of a successful association is the quality of its staff. I feel very fortunate to work with such an excellent group of people. We lost Ryan Swanson in July when he left to take a full-time position in community pharmacy. Our new Resident, Morgan Norris, is up and running. The other staff members are quite stable, with three of them here when I came in 2001, and the fourth hired early in my tenure. Our Past Presidents Committee was asked by the Board to develop a plan to replace me when I decide to leave. This plan is being developed and will be implemented upon my retirement. I told the Board at their July meeting that I am committed to work at least until June 2012. I will also give a one-year notice before I retire.

Financial stability is another measure of the success of an association. Since I arrived in 2001, NCAP has finished the year with excess income over expenses, except in 2008 when we lost $44,477 due to our investment in the stock market. In 2009 we finished the year with an excess of $25,880 income over expenses. Our total assets for 2009 stood at $755,702 which was an increase over 2009 of about $32,500. The unrestricted net assets for 2009 were $607,621. Recognizing that as we try to grow our programs we will need more resources, at our July Board meeting a membership rate of $195 was approved for 2011. This is the first dues increase since the rate of $175 was established in 2000.

As I close this membership report I do it with a feeling of satisfaction that NCAP is now poised for growth. Membership among younger pharmacists is growing, thanks to a very active New Practitioner Network. We have a strong financial base now that should secure the organization's ability to withstand any economic downturns in the future. The staff is stable, committed and competent. Association leaders are engaged and committed. Your Executive Director knows the profession of pharmacy, cares about the profession and is committed to making a difference. The North Carolina pharmacy community is collaborative in nature, supportive of NCAP and open to change. Although NCAP has a strong legacy, we have an even stronger future, in my opinion. Thank you again for this opportunity to work for you, to contribute to pharmacy's future and to finish my career in such a meaningful and enjoyable manner.

Fred M. Eckel
Executive Director

North Carolina Association of Pharmacists
109 Church Street
Chapel Hill, NC 27516
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Dear Members,

Ahhh Summer. It is such a fantastic time of year. School is out, bags are packed for vacations and the favorite cooling off spot is the local pool. My first grader asked me last month, "Mommy, why do you have to work in the summer? You mean you don't get a break?" Summer is no time for rest for the pharmacy profession and for NCAP. In May the New Practitioners Network sponsored "Learning to Lead: A Leadership Development Program for New Practitioners." Twenty-four new practitioners met at the Institute of Pharmacy and participated in an exciting and dynamic workshop. We hope to continue this opportunity in the future. Summer is also a time for welcoming new PGY1 and PGY2 residents to North Carolina. The NCAP Residency Conference was held July 9th to introduce both native and out-of-state residents to the practice of pharmacy in North Carolina. The Community Care Practice Forum was hard at work plannning their August practice forum meeting which was held in Myrtle Beach, SC August 6-8th. The Education Committee is also hard at work planning the annual NCAP Convention to be held in October of this year. We hope to see you there. So, as you can see – we still have to work in the summer.

This issue of *North Carolina Pharmacist* is extra special to me. Last year I asked Sally Slusher, the NCAP Director of Communication, if we could devote an entire journal issue to the volunteer activities of pharmacists throughout our state. Now, that idea has turned into a reality with this issue of *North Carolina Pharmacist*. From medical mission trips to free clinics, pharmacists have a strong sense of volunteerism and a history of giving back to the community. I know that you will enjoy reading about your colleagues and their extraordinary giving of time and energy to simply help those who cannot help themselves. Who knows, perhaps you might be inspired to volunteer your services?

The concept of medical clinic volunteerism is quite personal to me. Over three years ago my husband and I joined with physician and nurse members of our Sunday School class to start the "Love Thy Neighbor" medical clinic. This clinic provides physician and medication services to those less fortunate on a monthly basis. Originally "Love Thy Neighbor" Sunday was created by the church youth group to provide a hot meal once a month to the poor and homeless in downtown Winston-Salem. Adding a medical clinic was a natural fit. After lunch patients may request to be seen in the medical clinic. First a medical history is taken by a nurse and then the patient is escorted to an exam room to be seen by a physician. Once the physician has diagnosed the problem, if necessary, the patient is given a prescription and we fill the prescription on site free of charge. These patients are extremely grateful for our assistance. We have greatly enjoyed our time in the clinic working with the physicians, nurses and patients.

It is with great sadness that NCAP says good-bye to staff member, Ryan Swanson. Ryan was our first NCAP Executive Resident and continued on with our staff post-residency. Ryan has greatly contributed to the vision of NCAP. We wish him all the best in his new position.

I hope you find the summer season one of re-commitment to NCAP and the overall profession of pharmacy. Refresh your perspective of pharmacy practice. Work with other pharmacists in various practice settings to make the pharmacy profession exactly what you want it to be –*everyday*, to *everyone*, *all the time* - period.

Regards,
Regina H. Schomberg
President

Advancing Pharmacy. Improving Health.

Volunteerism

Pharmacists making a difference.

"Nothing in my life prepared me to step off the plane."

Cecil Davis, PharmD
Medical Mission Trip to Haiti

I have questioned whether or not the profession of pharmacy would be useful in a disaster situation or on the mission field. Many of you already know the answer to this. My answer came just a few months ago when I had the opportunity to travel to Haiti to participate with a medical team. The earthquake hit Haiti January 12, 2010. Our March 6 trip had been planned prior to this so we arrived just eight weeks after the quake. My employer, Holladay Healthcare, was very generous in allowing me time to travel. Our medical team consisted of two nurses, five physicians, a dentist, and a coordinator. This particular group has been traveling to the same area for ten years. I was amazed at the opportunities for a pharmacist in Haiti.

Nothing in my life prepared me to step off the plane. The heat, noise, crowds and smells were disorienting. Our leader told us not to step outside the gate until we made contact with our driver. The infrastructure found outside an airport almost anywhere else in the world is missing in Haiti. We made our way outside of the protected gates and took a short walk down the overcrowded road to our waiting bus. We were escorted by at least twenty people wanting to help with our baggage. The ride out of Port-au-Prince allowed us to see some of the tent cites that had been set up to accommodate the people displaced during the earthquake.

Our destination was a mission about 20 miles up the coast in the town of Messailler. The road had been recently paved so the ride had definitely improved according to team members that had been in the past. The mission is supported by the Presbyterian Church and has a school and orphanage. The walled compound had been severely damaged during a flood a few years ago and part of the front wall had not been rebuilt. We were housed in a compound across the yard from tents that had been donated by the Republic of China when a makeshift hospital was set-up after the earthquake.

Rubble lines the streets and aid is still pouring into Haiti since the January 2010 earthquake.

I was told to pack earplugs for the trip, but was not sure why until I heard a group of evangelicals near our compound start each morning with a worship service at 4:30 am over a loudspeaker. When they finished, a donkey outside the walls would start braying. There was really no need for an alarm clock.

Our first day was spent in a near-by town where we held a clinic in a partially finished building. The rest of the week we held the clinic in the compound in Messailler. Each evening, the mission would pass out about one hundred tickets for people to access the clinic the next day. We had a dental clinic that ran all day, each day, and a medical clinic. People would come, receive an initial screening, and then be seen by one of the physicians. They would then come down the hall to the pharmacy, where I usually worked with our team leader and a physician, to have their prescriptions filled. As a rule, everyone received an antihelminthic. We also worked to give out as many vitamins to supplement their diet as we could.

The pharmacy was well stocked. There were medications from Spain and South Africa and also from Cardinal Healthcare, who I'd like to thank for their donation. So much medication and other supplies had been sent to our site as a result of the earthquake, that one of my roles was just sorting through them to determine what could be used. International organizations had stocked large bottles of antibiotics, antihelminthics, antifungals, antimalarials. It was apparent that in some cases, sample closets had been cleared out and sent down. I found single bottles for each strength of Strattera. These would not be used in the acute clinic setting. I realized that in America, we sometimes believe that whatever we give will be useful even if it is our cast offs. This presupposes that

Cecil Davis dispenses medication in Haiti.

those who live in poverty do not deserve the same access to medications that we enjoy. Cast-off medications and leftovers sent down so as not to be seen as wasteful are not always useful. A single strength bottle of thirty levothyroxine does not help unless there is a sustainable source for that medication and it can continue to be dispensed and monitored.

Diseases that I do not typically see came though daily. Malaria, a few cases of typhoid, and worm infestations were common. Prior teams had performed testing for H Pylori and there was a high incidence, so we created ulcer packs from the existing stocks to pass out. We had limited ability to test for Malaria. Typically, since all of Haiti is a high risk area for malaria, if the symptoms were consistent they were treated for Malaria. Given that we had only one dosage strength of Hydroxychloroquine, making doses for children was challenging. The first dose was given at the clinic. We determined the regimen based on a tropical care manual and then adjusted the doses based on age. Allison, the trip coordinator, who has been to Haiti many times, taught me the value of Nutella on a tongue blade as a way of getting the first dose of Hydroxychloroquine in a child. We were able to treat one very sick young child with injectable Artemether. I want to thank Connie Barnes, PharmD, at Campbell University School of Pharmacy, for helping obtain dosing and administration information for Artemether on short notice.

Since I do not speak Haitian Creole the language barrier was difficult to overcome. I had two excellent translators – Kedish and Juven. They were indispensable in providing care to the people who attended the clinic. Training someone to use a spacer on an inhaler for a child can be challenging in English, and the language barrier added another layer of difficulty.

On the next to the last day the surgeon performed three surgeries in an improvised OR that he shared with the dental clinic. It was amazing to see him work in the primitive conditions and have excellent outcomes from the surgery. It was very satisfying to help supply the medications needed for the surgery.

One of the many challenges for pharmacy in Haiti is the continuity of care. With a short-term mission trip, urgent needs can be addressed. However, there is a need to treat chronic conditions such as high blood pressure, diabetes, asthma etc. In addition, there are needs for clean water, sustainable sources of food, and education on hygiene. I think a challenge for us in North Carolina is how we help train Haitian pharmacists to have a system of medication distribution that allows for the pharmacist to make a living while caring for his fellow citizens. We take for granted having wholesalers, proper transport, third-party payers and the like to help us in our profession. Imagine trying to transport and store immunizations in rural Haiti. Imagine just trying to store any medication. Most medications have an upper limit of 74 degrees for storage. You are going to be well past that in Haiti. Typically you are hoping the temperature will drop to 74 degrees before you go to sleep.

If you are considering relief work due to faith in Christ, or out of altruistic urges, do not wait or hesitate. Our profession is desperately needed in relief situations. I challenge you to think about your work in terms of how it can be done in a way that is sustainable for the people who are in need both here, and abroad.

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"The goal of the clinic is to improve access to mental health care for the indigent and uninsured."

Jennifer Askew Buxton, BS, PharmD, CPP
Tileston Health Clinic, Wilmington, NC

In 2004, it was determined that the Tileston Health Clinic's patient population was in great need of mental health care, which was not available in the community. Programs for the treatment of substance abuse and treatment-resistant mental health conditions, particularly those requiring hospitalization, were already in place in the area. However, there was still little access to basic interventions for uncomplicated anxiety, depression, and other mental health disorders. The access to this kind of care was also continuing to diminish as a result of a reduction in services offered at several local mental health facilities. There were even fewer options

A makeshift hospital was set up after the Haitian earthquake and volunteers were housed in a compound across the yard from tents that had been donated by the Republic of China.

available for the growing population of indigent and/or uninsured Spanish-speaking patients seeking therapy.

Several local clinicians, including psychologist Antonio Puente, PhD, volunteered their skills in order to initiate a mental health care service. However, this patient population still experienced limited access to medications used for the treatment of mental illnesses. Volunteer psychologists and counselors were limited in their access to medications, depending upon the availability of volunteer physicians to provide consultation and/or write prescriptions. In order to meet the medication needs of this patient population, I teamed up with Antonio Puente and established a collaborative practice agreement with physician Dewey Bridger, MD, the clinic's medical director.

We moved forward under the North Carolina Clinical Pharmacist Practitioner (CPP) Act of 2000, allowing me to gain mid-level prescribing privileges in 2007 under the supervision of Dr. Bridger. The goal of the clinic is to improve access to mental health care for the indigent and uninsured, particularly the growing Spanish-speaking population. We also strive to improve quality-of-life and mental health assessment scores in this population. We are currently evaluating the success of this new model for pharmacist/physician/psychologist collaborative practice with the intent to publish the results in a pharmacy journal later this year.

We hold clinic the first and third Wednesday nights of each month. In 2009, the active patient roster for the clinic included approximately 56 patients who were seen by the psychologist/pharmacist and/or our other volunteer counselors for a total of approximately 316 visits. The clinic also has approximately 15 other staff members who provide the administrative functions and additional mental health counseling services for the Wednesday night clinics with services available in English, Spanish, and Portuguese. On any given clinic night, the staff sees about 35 patients for evaluation, assessment, counseling, and/or treatment.

While we continue to struggle with the large demand for mental health care services in our community, we are providing a substantial increase in access for local residents searching for this much-needed service, making my time spent volunteering even more meaningful.

"It was very gratifying to see how we were able to make a difference in the lives of others."

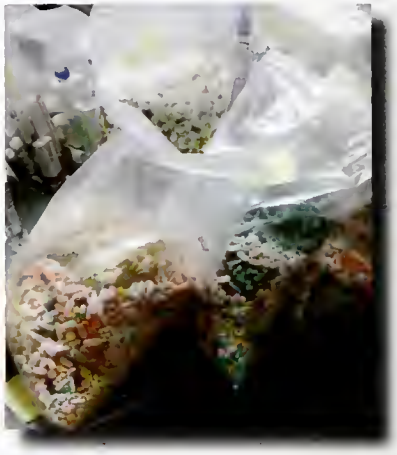
Robert Ashworth, PharmD
Alamance Medication Assistance Program, Open Door Clinic & Medical Mission Trips
Burlington, NC

I am the Program Director for the Alamance Medication Assistance Program (AlaMAP) which helps residents of Alamance County who are uninsured and have difficulty obtaining medications. I am also a Board Member and volunteer for the Open Door Clinic in Alamance County where each month my responsibilities include taking a medication history for each patient and providing medication recommendations and diabetes education and management.

I have also been involved in medical mission trips to Honduras and Jamaica. I participated in my first mission trip to Limon, Honduras in 2001 and have participated in three additional medical mission trips to Honduras over the following four years. The mission trips were organized through United Methodist Volunteers in Missions. Limon, Honduras is located along the coastline about four hours northeast of La Ceiba. There are no medical doctors or hospitals in the area and the people in this remote area rely on medical teams to provide much needed medical services. Hondurans would walk great distances to seek medical care in hopes of being seen by a doctor or other healthcare provider. The clinic provides medical treatment for over 600 patients within a five to six day period. Patients receive treatment for a variety of conditions including diabetes, hypertension, depression, broken appendages, intestinal parasites, Asthma and respiratory infections. The pharmacists bring donated medications and assist in triaging patients and dispensing medications in the clinic.

In 2004, I put together a medical team for a mission trip to Montego Bay, Jamaica. This was my first experience as team leader for a medical mission trip. The team worked in several clinics and churches around Montego Bay and provided medical care for over 800 patients. As team leader, I had an opportunity to coordinate medical care, triage patients and supervise other pharmacists in dispensing medications. I returned to Jamaica two months after the mission trip and was greeted by several of the people we had served through the medical mission. It was very gratifying to see how we were able to make a difference in the lives of others.

Volunteering gives you an appreciation for the resources you have available to you such as healthcare, food, clean water, transportation and family. I think volunteering is more than an opportunity to help others in need; it is a responsibility of every citizen.



"It wasn't until I entered the evidence room at the police station and saw the tables filled with bags full of pills and packages of medications that I realized the significant impact of our collaborative effort."

Kathryn Merkel, PharmD
Operation Medicine Drop, Fayetteville, NC

Early on a sunny Friday morning in March, standing in a Walgreens' parking lot, we waited nervously as a car slowly approached us. We heard the mechanical click of the woman's trunk. As the woman emerged from the popped trunk, we saw her struggling to carry a large garbage bag. After helping her over to our tent,

she opened the bag and we peered inside. The entire bag was full of medications! It had prescription bottles, over-the-counter bottles, boxes, and jars full of pills. In that moment we realized Fayetteville's first ever medication take back (MTB) event would be a success.

Eight PY4 UNC Eshelman School of Pharmacy students from the Southern Regional Area Health Education Center (SR-AHEC) identified that improper medication disposal leads to environmental contamination, accidental poisonings, drug abuse, and drug diversion. The students decided to organize the MTB to address this issue and serve as a service learning project.

The event was held at nine local pharmacies across the city of Fayetteville including Walgreens, Rite-Aid, CVS, and Cape Fear Discount Drug. The students organized the event with assistance from the SR-AHEC, Fayetteville Police Department, Cumberland County Safe Kids, and the State Bureau of Investigation. Twenty additional volunteers from various community organizations joined together to support this important cause. Each location had at least two volunteers and one law enforcement officer to collect the medications that were dropped off, inventory the medications, and package them for disposal. The community's response was overwhelming! We collected approximately 74,000 solid and 8,000 liquid dosage units of medication at the event; approximately 9,000 of those being controlled substances.

Even though the event was a success, we all had our initial doubts about achieving that success. As the student leader of the event, it was my responsibility to drive the planning forward and keep an optimistic attitude. On the day of the event, each student had his or her own location so I was unable to monitor the overall progress. It wasn't until I entered the evidence room at the police station and saw the tables filled with bags full of pills and packages of medications that I realized the significant impact of our collaborative effort.

While I have participated in many community service projects, this was a unique experience because I developed and oversaw the project from start to finish. This experience gave me the opportunity to explore my leadership skills, connect with the community, and create a meaningful service learning opportunity for my colleagues and the Fayetteville community. I feel inspired to serve and stay connected to my community through these types of events as I transition from a student to a practitioner. I know it will be challenging to find time to continue my volunteer efforts as a professional. For future events I may be involved in, I will always try to involve student pharmacists because based on my experience, they are energetic and eager participants. For anyone interested in getting connected with student pharmacists in your area, the local Area Health Education Center is a great resource and can serve as a point of contact to connect with the pharmacy students serving in your communities.

Overall, serving as the leader and participating in this event has given me confidence. I feel prepared to join existing efforts and continue to get involved with

UNC Eshelman School of Pharmacy students Kathryn Merkel, class of 2010, and Tiffany Sims, class of 2012, at Operation Medicine Drop.

the profession. I find that public service produces an overwhelming feeling that propels you forward into future service events. My only hope is that others take the opportunity to discover this same feeling. I know now that I can make that happen!

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"Being able to speak with and counsel the patients who directly benefit from the pharmaceutical program... is both enlightening and humbling."

Jen Arsenault, PharmD,
Lisa F. Brennan, PharmD, BCPS, CDE &
Elizabeth Oldham, PharmD, BCPS
Crisis Control Ministry, Winston-Salem, NC

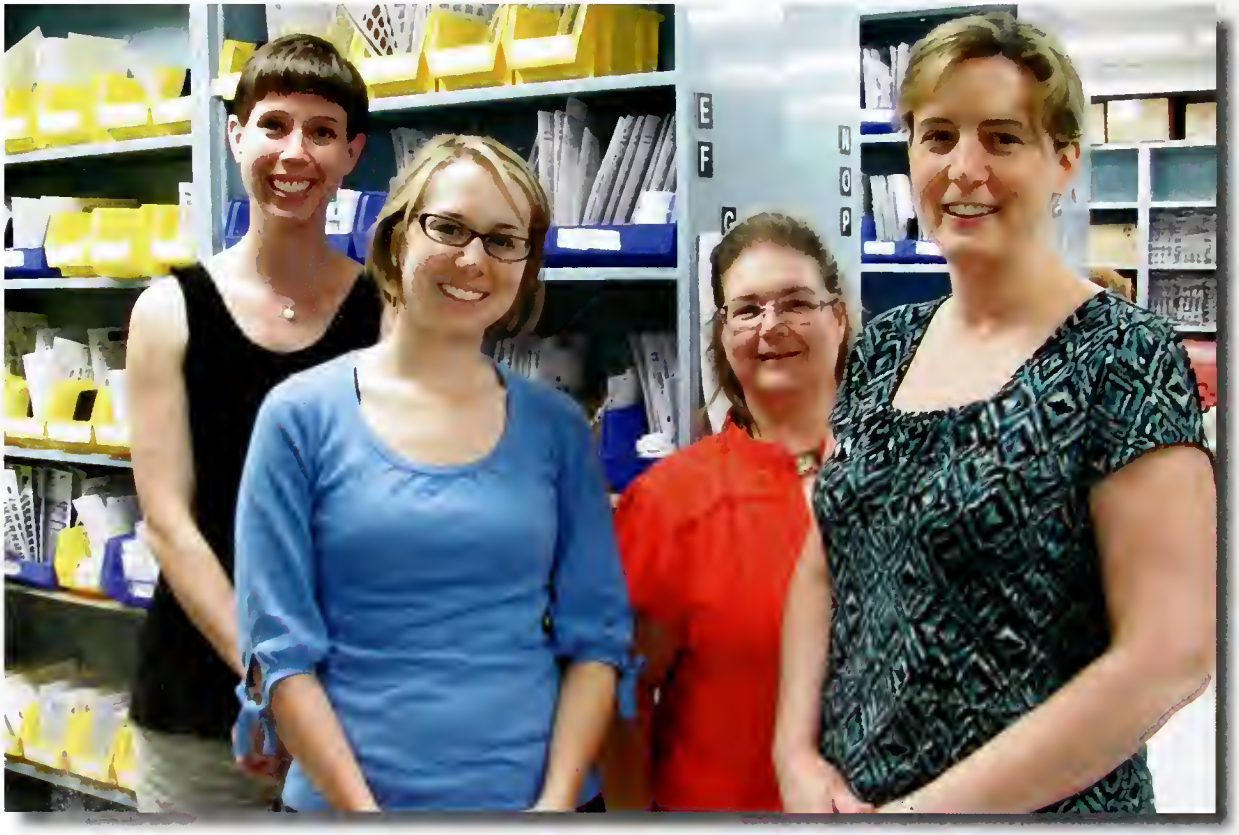
Crisis Control Ministry's (CCM) free pharmacy in Winston-Salem, NC has been fortunate to have many pharmacists volunteer their time since opening in 1987. Aside from the regular day hours, CCM is open Tuesday evenings from 5-7pm to accommodate those who need after-business hours to pick up their medications or meet with a counselor. These Tuesday evening shifts are staffed on a volunteer basis by a group of local pharmacists: Jennifer Arsenault and Elizabeth Oldham from Wake Forest University Baptist Medical Center (WFUBMC), Lisa Brennan from Forsyth Medical Center, Lauren Massey with the Winston-Salem VA, and Susan Scott from CCM. Other pharmacists who volunteer include Jesse Fishman, Susan Jones, Amy Kendrick, Darle Shouse, Larry Smith, and Diane Stanley. In addition to regular monthly or weekly volunteer shifts, they fill in during the day shift to help cover vacations, meeting time, and sick days.

While each volunteer has unique experiences to share about CCM, we can all agree that it is a rewarding commitment and a privilege to be a direct part of serving our community. CCM serves individuals and families in both Forsyth and Stokes County who demonstrate a true financial need in affording their essential medications. Being able to speak with and counsel the patients who directly benefit from the pharmaceutical program offered at CCM is both enlightening and humbling.

"I have volunteered at CCM since the middle of my PGY1 Residency year (2008) at WFUBMC. I initially became involved with CCM by shadowing their Pharmacy Services Coordinator, Mary Talton. Mary was integral in helping the development of a similar Patient Assistance Program at WFUBMC. Through this relationship, I became a volunteer pharmacist the fourth Tuesday of every month, which has been one of the most rewarding experiences as a practicing health care professional. CCM serves the community in so many facets and I am honored to be a part of the pharmacy volunteer team."

- Jen Arsenault

"I initially became involved with CCM in 2002 as a pharmacy volunteer. Later that year I was hired as the pharmacy technician while I worked



Amy Kendrick, Jen Arsenault, Elizabeth Oldham and Lisa Brennan of Crisis Control Ministry in Winston-Salem, NC.

my way through pharmacy school. In this role, I was able to get to know many of the regular patients and the great volunteers in the pharmacy who work diligently to serve the patients and organize the medications. Now, as a practicing pharmacist, I volunteer at CCM the second Tuesday evening of the month. It is a richly rewarding way to spend two hours a month; the patients are very grateful and working with other volunteers and the caring staff makes it such a pleasant, friendly place to be."

- Lisa Brennan

"I have been volunteering at CCM since 1992. When I first started at CCM, I worked second shift at WFUBMC, which allowed me to volunteer a half-day two to three times a month. In the late 90's, I switched to working on Tuesday evenings, and today still volunteer one Tuesday evening a month. I have really enjoyed my time at Crisis Control Ministry. I have witnessed many changes over the years including space expansion, upgraded computer systems, and most importantly a shift from using only sample medications to ordering medications. Even as time has passed, I still enjoy seeing the smiles on my patients' faces as they are so appreciative of our help, when they have nowhere else to turn."

- Elizabeth Oldham

To learn more about Crisis Control Ministry or how to become a volunteer, please visit www.crisiscontrol.org.

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"We are part of a growing network of medical providers who are prepared for an organized response to large-scale public health issues."

John Kessler, PharmD
Orange County Medical Reserve Corp

If you are a pharmacist, pharmacy technician or pharmacy student with a public health orientation and interest, there are opportunities for you to serve your local community in the Medical Reserve Corp (MRC). Local MRC units serve at least three important functions in public health – disease prevention/mitigation, public health education, and disaster preparedness/management. MRC units in North Carolina are typically organized by the county health department, yet each unit ultimately reports through the Office of the Civilian Volunteer MRC to the Secretary of HHS (federal). North Carolina has 19 MRC units from Elizabeth City and Brunswick County on the coast to Flat Rock in the mountains.

The Orange county MRC has more than 350 volunteers, including 27 pharmacists. In my seven years as a volunteer, I have participated in disaster training drills/courses and I've prepared vaccinations at a mass immunization clinic during the peak of the influenza season. I plan to have a broader role in future clinics with my APhA certification as an immunization provider. One particularly interesting training class that I attended this year discussed the ethics of responding to disasters. The speaker talked about the natural tendency to provide individual care to the injured person immediately in front of us, and how this is ethically balanced against the need to sometimes delay care while assessing the needs of large groups of injured persons. Most recently, I was one of 28 persons selected from across the US to attend a five-day disaster preparedness training program and simulation exercise in Washington, DC, sponsored by the US Public Health Service and CDC. The purpose of the program was to certify a core group of MRC members in the skills needed for deployment to national and international disasters. Prior to the Washington trip, I completed multiple online training courses to acquaint myself with the National Response Framework (disasters and emergencies), the National Incident Management System, and the Incident Command System. What I found especially interesting about the training programs is how the National Response Framework is continuously improved based on the lessons learned from each disaster or emergency.

Why is a civilian Medical Reserve Corp needed? Quite frankly, it's difficult to appreciate the need for a large-scale response system when our personal experience may be limited or non-existent. The fact is, the emergency healthcare infrastructure of nearly every hospital is extremely limited. A disaster of even modest proportions will result in scores of injured persons, immediately overwhelming the infrastructure of most hospitals. When the scale approaches hundreds or thousands of injuries, an organized public health response is required.

Why volunteer for an MRC? Our communities are often rich with pharmacy expertise across many different practice settings; however, these resources are not organized into a response framework. You don't need to work in a hospital, or be an expert clinician or be an expert in pharmacy management to volunteer and contribute. Local MRC units use our unique pharmacy skills, in a team approach, to support education, medication distribution, storage, and safe use during training exercises and field operations. Perhaps as important, we are part of a growing network of medical providers and others (e.g. fire, rescue) who work together and are prepared for an organized response to large-scale public health issues in our home communities.

You can use the MRC Web site to find contact information about the MRC closest to you- www.medicalreservecorps.gov/FindMRC.php.

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"If I have expectations for students to become involved in community service, I should as well."

Jacqueline L. Olin, MS, PharmD, BCPS, CPP
HealthQuest, Monroe, NC

As a pharmacy professor, and a human being, volunteerism and community service have been important to me. I've always felt strongly about helping others in need, and if there are activities I can do to make someone else's life easier, I'm happy to do it. Since I work with pharmacy students, I feel it is important to "practice what I preach," meaning that if I have expectations for students to become involved in community service, I should as well. Also, maybe on a selfish level, helping others makes me feel better about myself too.

When I moved to North Carolina in 2007, I continued volunteer work with hospice, a philosophy I feel strongly about. However, I was interested in

finding volunteer opportunities where I would have more of a chance to utilize my professional skills. Several of our students at Wingate University provided services to HealthQuest in Monroe, NC. Based on what I heard from the students, I went to investigate!

HealthQuest is a licensed non-profit pharmacy affiliated with the North Carolina Association of Free Clinics. They provide some chronic-condition medications to patients in Union, Anson, Stanly, Lancaster and Chesterfield counties. Clients have to meet eligibility criteria to become enrolled as HealthQuest patients; they are not a walk-in pharmacy. Current requirements for clients are to be US citizens, not having other prescription drug coverage, and having a household income of less than 200% of the poverty level. Clients pay a monthly $15 administrative fee, which entitles them to receive up to six prescriptions a month. As many patients with chronic diseases such as diabetes, hypertension, or dyslipidemia are on more than six prescriptions, the HealthQuest pharmacists work with patients to determine which prescriptions should be obtained through HealthQuest, and which ones can be obtained for less money at community pharmacies. HealthQuest acquires some medications for patients through pharmaceutical company patient assistance programs, and otherwise depends upon grants and contributions to obtain medicines. The focus is on providing maintenance medication so HealthQuest does not dispense any narcotics or controlled substances.

Most prescriptions are provided to patients as a 30-day supply, and HealthQuest has designated Mondays as medication pick-up night for clients. The Wingate University pharmacy students and I volunteer for one to two hours to provide medicines to clients and answer drug-related questions. The students also perform blood pressure screenings. I have been volunteering for HealthQuest an average of one Monday a month for about a year and a half. It worked out coincidentally that the clinical teaching site I use for my University job is at a free medical clinic. As part of my "day-job" I am able to refer patients to HealthQuest.

In January 2010, I became a volunteer member of the HealthQuest Board of Directors. I have been attending monthly board meetings and learning more about the details involved with running the organization. I am serving on a Special Events Committee that hopes to raise community awareness about HealthQuest's mission to serve residents' needs. Last month, a volunteer luncheon was provided by the Committee as the organization's way to say thanks to the many volunteers that assist with the day-to-day tasks.

If you are interested in volunteering at HealthQuest in Monroe contact Heather Horne, HealthQuest Executive Director at 704-226-2050 or at heather.horne@carolinashealthcare.org. More information is available at www.healthquestpharmacy.org.

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"Our hope is that our students develop a lifelong commitment to serving their fellow man."

Mollie Ashe Scott, PharmD, BCPS, CPP
MAHEC, Asheville, NC

Each year the Mountain Area Health Education Center (MAHEC) in Ashville is home to 14 PY4 students from the University of North Carolina Eshelman School of Pharmacy for their final clerkship year. MAHEC partners with many institutions, particularly Mission Hospitals, to provide Advanced Pharmacy Practice Experience for these students. In addition to completing clerkship and seminar requirements, the pharmacy students participate in community service activities. MAHEC, Mission hospitals, and the western North Carolina region have a long-standing culture of volunteerism and giving back to our communities.

The MAHEC class of 2010 participated in approximately 500 hours of community service activities in Asheville and its surrounding region. Each student volunteers one evening a month at the Asheville Buncombe Christian Community Ministry Clinic (ABCCM). ABCCM is a free doctors' clinic that provides medical, dental, and pharmacy services for the uninsured in Buncombe County. The pharmacy is managed by Monica Barber, PharmD, who relies on volunteer pharmacists and students to provide care in the pharmacy during evening clinics. Working at ABCCM provides students the opportunity to enhance their skills in medication dispensing, counseling patients, practicing medical Spanish, and providing care for the underserved. Additional community service activities at MAHEC have included completing medication therapy management reviews for homebound seniors in collaboration with the Council on Aging, promoting the profession of pharmacy for high school students, developing a poison prevention program for preschoolers, and teaching Girl Scouts about the importance of a heart-healthy lifestyle. In addition, MAHEC faculty and pharmacy residents participate each year in medical mission trips with Shoulder-to-Shoulder, a non-profit whose goal is to improve the overall health and well-being of poor, rural communities in Honduras. Students rate these community services very highly, and our community benefits from the time and talents of student pharmacists.

I believe that our students, our organizations, and most importantly, patients in our region benefit from our pharmacy student community service program. Our hope is that our students develop a lifelong commitment to serving their fellow man by participating in our MAHEC's community service program.

Rachel Selinger, PharmD, a former MAHEC student, participated in a medical mission trip to Honduras.

"There are no prior authorizations or plan limitations to volunteering your time."

John Triplett, PharmD
Grace Chapel Ministries, Sanford, NC

Since my childhood I have participated in various volunteer activities through my involvement in 4-H and my church youth group. Ranging from highway cleanups to Relay For Life fundraising, these activities instilled volunteering as a significant part of my life. During pharmacy school I had many opportunities to volunteer my time with service organizations in the community as well as through my university. Volunteering has made me aware that those who need healthcare the most are often the ones who receive it the least, which is what makes it so rewarding to help those in need.

The most profound experience I have had as a volunteer was this past January when I joined a medical team from Grace Chapel Ministries in Sanford, NC on a mission trip to Haiti. We were originally scheduled for medical relief work in villages in the Dominican Republic, but the earthquake in Haiti compelled us to redirect our mission efforts two weeks before our departure. While working at a field hospital in Haiti I was fortunate to find myself surrounded by many selfless and compassionate medical professionals from around the world as well as the most endearing patients I could ever hope to meet. The sense of satisfaction that I received from my time in Haiti was unequalled by anything I had done in my career thus far. This satisfaction stemmed not only from helping people but also from knowing that as a pharmacist I could have a significant impact on the medical care provided in a disaster relief situation. Being a pharmacist whose background was primarily community-based, I was apprehensive about my ability to effectively contribute to the medical team. I soon discovered that I had taken much of my expertise for granted. Despite the lack of computers and electronic references, we still had the essential knowledge and resources to improve medication delivery, provide patient counseling, and optimize pharmacotherapy at the field hospital. As a result of this mission, the pharmacists on our team have collaborated with other healthcare professionals to organize a group who will provide international medical relief again in the future. As a member of this team I am working with other healthcare professionals to procure funding for future medical relief trips to Haiti as well as other underdeveloped countries.

Being from a generation that has been characterized as civically minded and service oriented, it seems only natural to do good things for other people. I do not think this instinct is unique to any one generation, and the satisfaction of a selfless act of kindness is something that anyone can enjoy. In one form or another we all began our pharmacy careers to help people, and volunteering your time is the purest way to exercise that intention. There are no prior authorizations or plan limitations to volunteering your time, and I have found it to be a gratifying and energizing contrast to many of the daily tasks of community pharmacy practice. I would encourage anyone who is interested in volunteering their time to do so, whether at free clinics or nursing homes or by offering your expertise to a medical relief team in your community. All of these volunteer opportunities are excellent ways to use your talents to help others, and mission work can be a meaningful way to experience and explore the world. ❖

We Need to Make the Time

By Robert Cisneros, PhD

In March of 2010, Herb Denenberg died. Most of us didn't know him. In the recent May issue of *The Pharmacist Activist*, (www.pharmacistactivist.com) Dan Hussar, PhD, wrote about Denenberg and described him as a "Great Friend of Pharmacy."[1] Denenberg earned a PhD as well as a Law degree. He served as the Pennsylvania Insurance Commissioner during the 1970's. He was the ultimate consumer advocate. He was an author, newspaper columnist, and received numerous television awards, including Emmys.

According to Hussar, while Denenberg at times was at odds with pharmacy, he became a great pharmacy advocate. In fact Denenberg wrote a 'Guide to Selecting a Pharmacist' which is available online at the Pharmacist Activist web site above (see May, 2010 issue).[1] Several tips were listed. Five of the tips which immediately caught my attention were:

1. Select a pharmacy and stick with it.
2. Talk with a pharmacist and observe the pharmacist at work.
3. Ask the pharmacist questions.
4. Determine how effectively the pharmacist communicates.
5. Look for a pharmacist who is your health care advocate.

If there is a thread which connects at least four of these tips, it is that patients and pharmacists have to TALK. It would be hard to imagine that patients would stick with one pharmacy if they weren't talking with their pharmacist.

An Experience

A year or two ago after a dental procedure I had a prescription filled and was told by the technician that it would not be a good idea to talk with the pharmacist because she was busy and might get behind. What should a patient make of this? An environment in which the pharmacist *doesn't have the time* to talk with patients (or is *not allowed the time* or doesn't want to *take the time*) doesn't bode well for our patients or for our professional futures.

Use One Pharmacy

Denenberg's Tip #1, sticking with the same pharmacy, is not new to any of us. As a hospital pharmacist I recall one particular patient who nearly died because of digoxin toxicity. She spent several days in the Coronary Care Unit. I had a chance to talk with her about all of her medications. Because we TALKED, an important fact came out. She previously was having her prescriptions filled at more than one pharmacy. Somehow, she had ended up with one medication labeled "Lanoxin" and another labeled "Digoxin." She didn't know they were the same and took both.

I re-emphasized to her the importance of having a regular pharmacy. But she asked, "Why didn't someone tell me?" What could I say? I encouraged her to ask questions and use the same pharmacy. Somewhere along the way someone should have TALKED with her. She should never have been taking the overdose of Digoxin. She shouldn't have been spreading her prescriptions around. Maybe she was timid and didn't know what questions to ask? Perhaps she thought it was unimportant? Perhaps pharmacists were too busy to talk with her? It never should have happened. How many more near- tragedies like this are waiting to happen because of little or no communication?

Is It Our Fault?

If communication is not routine in a pharmacy, why would a patient want a "pharmacy home?" Granted, some patients want to get their prescription and don't want to talk at all. But perhaps we underestimate the number who would really like for us to TALK with them.

We market ourselves and our pharmacy to every patient we see. But what do our patients see? What are we doing to make them think that we are "their pharmacist" and our pharmacy is "their pharmacy?"

Many pharmacy workplaces make it difficult for pharmacists to talk with patients. Have we lowered patient expectations so that we are only expected to "lick and stick?" In pharmacies where pressure is exerted on pharmacists to work quickly and dispense the greatest number of prescriptions as possible, are pharmacists forced to avoid patients and settle for much less in their professional careers? With the emphasis on speed and the number of prescriptions, the motivation that led many into our profession may be slowly evaporating.

Motivation

Drive is a new book by Daniel Pink dealing with motivation.[2] Nothing in the book is new but rather a reaffirmation of what already has been found in research for decades. Sadly, this usually gets ignored. Often we fail to look beyond narrow pharmacy blinders to think outside of the box. As Pink mentions, "what business does hasn't caught up with what science knows."[2(p.49)]

Pink, strongly supported by research

findings, writes that intrinsic motivation is much more important than the "carrot and stick" approach used to better long-term performance and motivation in knowledge workers, which would include pharmacists. Computer warnings that too much time is being taken to fill a prescription is an extrinsic motivator. Paying employees extra for being faster and filling more prescriptions is an extrinsic motivator. Extrinsic motivators can be more beneficial in the short term for dull, routine tasks in the absence of the need for critical thinking.[2] However, does patient care not require critical thinking and creativity? Is what we have been trained to learn and do just one dull, routine task?

According to Pink, the misuse of *extrinsic* motivation in situations which require more thought can "extinguish *intrinsic* motivation, diminish performance, crush creativity, crowd out good behavior, encourage cheating, shortcuts, and unethical behavior, become addictive and can foster short-term thinking."[2(p 49)]

Pharmacist salaries of today are good. By no means is a salary the tremendous motivating factor that many might think it is. Is a large salary supposed to make up for a pharmacist not being able to practice pharmacy the way he or she really wants to and was trained to?

Joe Torre, major league baseball manager, commented on his leaving the NY Yankees, "I was insulted that they thought I needed to be motivated financially to go out there and do a better job."[3(p 96)] The heart of pharmacy is about helping and communicating with patients. Leave that out of the workplace and what motivation is left?

Are pharmacists becoming powerless victims of their workplace? In the *Harvard Business Review*, Kanter wrote that "employees who are hemmed in by rules and treated as unimportant" develop an attitude of powerlessness, symptoms of which include "negativity and low aspirations."[4(p 36)] Are these becoming the characteristics of the pharmacy workplace?

What should we do?

Communicating with our patients, especially through activities such as Medication Therapy Management and counseling, is one of the important keys to the future of our profession. We have outstanding pharmacy leaders in NCAP. We need to follow their lead. We need to be proactive and not let non-pharmacists dictate the future of our profession and force us to distance ourselves from the center of our efforts, the patient. But just as importantly we should also work with our owners, directors, managers, and co-workers to create the type of environment that we really want to practice in to help our patients the most.

Instead of "no time," let's work together to find a way to "make time!" ❖

About the Author...

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Attendance Record Set at NCAP's Residency Conference

The NCAP Residency Conference continues to grow! On Friday, July 9, 2010 over 180 people gathered at the Sheraton Greensboro Hotel at Four Seasons in Greensboro, NC to take part in NCAP's annual Residency Conference. The Conference brings preceptors and residents from all aspects of phamacy together to plan a productive residency year. Special sessions for residents and preceptors, networking, roundtable discussions and sessions on leadership and management highlighted the day. The 2011 conference will be held July 8 at the same location.

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NCAP Hosts Leadership Development Program

By Debra Wobbleton Kemp, PharmD, BCPS, CPS and Minal P. Patel, PharmD, BCPS

In May 2010, NCAP hosted its first leadership development program specifically for new pharmacy practitioners (pharmacists in practice seven years or less). Executive Director Fred Eckel and President Regina Schomberg welcomed conference attendees from all across the state Friday evening to a two-day, interactive workshop led by Harles Cone, PhD and concluded by John-Henry Pfifferling, PhD. As Dr. Cone began his discussion, attendees quickly realized that this program was unlike other leadership programs or CE seminars. There were no lectures – no PowerPoint slides – not even a computer! Instead, Drs. Cone and Pfifferling engaged participants in numerous small group activities and continuous open discussion to convey the many facets of leadership, including self-growth, communication, emotional intelligence, assertiveness and culture. Using the 14 Traits of Leadership by Eugene Jennings, Dr. Cone guided participants to individually examine their strengths and areas for improvement. He also reviewed effective ways to provide specific, corrective feedback, techniques for minimizing counterproductive conversations and the consequences of anger. Dr. Pfifferling wrapped up the program with absolute self-care tips for pharmacists, including pearls such as "I will allow myself to be at peace, at ease and at one with myself."

The conference was an enormous success and participants left with a renewed enthusiasm for professional leadership, and an enlightened perspective on personal growth. Exit surveys unanimously revealed a desire for an annual leadership program and networking opportunities. When asked to share their thoughts, select individuals had the following to say:

"The NCAP Leadership Conference empowered young pharmacy leaders across the state to share ideas, build relationships, and advance our profession through practical, everyday situations. This was not just another conference where the speaker is 'preaching to the choir' about developing leadership skills - this was an interactive, dynamic, and enlightening setting in which I grew personally and professionally. I hope to see this become an annual event that will continue to promote better communication and leadership skills among young pharmacists." - Leigh Ann Anderson, PharmD

"I found the leadership conference for new practitioners to be a rewarding experience, both in the networking opportunities with other professionals and the leadership training provided. Dr. Cone's presentations and activities really made me stop and think about how I communicate and interact with others. It was a welcome time for introspection and refocusing on where I want to go in my career, as well as learning how others are developing their own practice."
- Lisa F Brennan, PharmD, BCPS

"I think that the conference helped me learn to better self-evaluate in several areas, especially my leadership skills. It also provided me with some great ideas to use in precepting students. The information covered at the conference will definitely help me to become a more effective communicator as well as a stronger, more confident leader for my profession."
- K. Paige Dickens Brown, BS, PharmD

"It was a terrific way to network with other new practitioners across the state."
- C. Brock Woodis, PharmD, BCPS

"This conference was a unique opportunity to meet with colleagues who, like me, are still developing their careers, strategies, and precepting sites. It was reassuring to hear that others are facing some of the same challenges I'm confronting. The format allowed for group discussion as well as a guided exchange of ideas. I believe that the contacts I made were perhaps the most important facet of the conference, and I appreciated the contact information and follow up provided by the organizers. I recommend this conference to all new practitioners, regardless of practice type, who would like to improve their planning and communication skills while exchanging career pearls with colleagues."
- Ted Hancock, PharmD, CGP

"The NCAP Leadership Conference was one of the best conferences I've ever attended. Instead of the 'six ways to improve leadership skills' or other typical lecture-style conferences, the driving force in the presentation was a dialogue between speakers and the group. On the first day of the conference, we looked at leadership challenges and opportunities in pharmacy on the 'macro' level, and on the second day, we looked at leadership on the 'micro' level, focusing on self-awareness and self-improvement as a means to improve as a leader. It was also refreshing that the seminar was lead by a psychologist and anthropologist. To hear different voices from outside of the profession allowed me to look at myself and my role within pharmacy in a much different way." - Ryan Tabis, PharmD, BCPS

"The NCAP Leadership Conference was a unique opportunity for both new practitioner leadership development and networking. The speakers, Harles Cone and John-Henry Pfifferling, engaged the audience through small group exercise, but more importantly through the sharing of personal experiences."
- Abbie Williamson, PharmD, BCPS

On behalf of the NPN and all conference attendees, we offer our sincere appreciation to Fred Eckel for his dedication to our profession and the development of sound leaders, as well as to Ryan Swanson and the NCAP staff for helping make this conference a huge success. We are incredibly humbled to have had the opportunity to learn from such highly respected and admired individuals as Drs. Cone and Pfifferling. ❖

Editor's note: This is the first in a series of new columns that will focus on NCAP's New Practitioner Network.

New Executive Resident Seeks to Advance Pharmacy

Morgan Norris

Morgan Norris, PharmD began serving as NCAP's Executive Resident in July. She is a 2010 Campbell University College of Pharmacy & Health Sciences graduate and will shadow Executive Director Fred Eckel until June 2011.

"I applied for the NCAP residency to be more involved with advancing the pharmacy profession. Throughout school I worked in an independent pharmacy. That experience helped me see how all the laws and changes that were being made affected both independent and chain pharmacies. I knew when I graduated that I wanted to be involved and thought what better way to get involved than working with an association that represents North Carolina pharmacists and works to advance the profession.

"Through this residency I hope to gain knowledge of what the profession needs to move forward, a better understanding of the issues pharmacy faces, experience in association management, and skills that will help me in my career as a pharmacist. At the end of the year I would like to know that I was a part of something that helped advance the pharmacy profession," she said.

Morgan is NCAP's second Executive Resident. Ryan Swanson, PharmD, served in 2008-2009 is now a Clinical Coordinator for Kerr Health Care Management in Sanford, NC.

calendar

9/25/10:	**Student Leadership Conference,** Pinehurst, NC
10/24 - 26/10:	**NCAP Annual Convention,** Research Triangle Park, NC
3/3 - 5/11:	**NCAP Acute Care Practice Forum Meeting,** Embassy Suites, Winston-Salem, NC
3/31 - 4/1/11:	**NCAP Chronic Care Practice Forum Meeting,** Embassy Suites, Concord, NC

More at www.ncpharmacists.org

Pharmacy Time Capsules

1985, Twenty-five Years Ago:

- The Campbell University School of Pharmacy is founded in Buies Creek, NC.
- Pharmacy Directors of Pediatric Hospitals (PDPH) formed in 1985. Name changed to Pediatric Pharmacy Administrative Group (PPAG) in 1987.

1960, Fifty Years Ago:

- Enovid (Searle) was the first combination (norethynodrel with ethynylestradiol 3-methyl ether) oral contraceptive approved by the FDA.
- The 1960 Lilly Digest reported that the average prescription price was $3.19.

1935, Seventy-five Years Ago:

- Property owned by the American Pharmaceutical Association in the District of Columbia where the headquarters was to be erected, was exempted from general taxes as long as it was to be used by the Association.
- The Rockefeller Foundation developed the first vaccine for Yellow Fever, once prevalent in the southern United States. It was tested and released the following year.

1910, One hundred Years Ago:

- The Carnegie Foundation supported Abraham Flexner's study of the state of medical education in the United States and Canada, thus changing medical education forever. Pharmacy leaders later approached Flexner to do a similar study. He refused, noting that pharmacy was not a profession.
- Sir Edward Albert Sharpey-Schafer hypothesized that diabetes was the consequence of deficit of a pancreatic chemical which he called insulin—11 years before the discovery of Banting and Best.

By Dennis B. Worthen, Lloyd Scholar, Lloyd Library and Museum, Cincinnati, OH

One of a series contributed by the American Institute of the History of Pharmacy, a unique non-profit society dedicated to assuring that the contributions of your profession endure as a part of America's history. Membership offers the satisfaction of helping continue this work on behalf of pharmacy, and brings five or more historical publications to your door each year. To learn more, check out: www.aihp.org

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Online Offerings: Pharmacist Refresher Course & QA/Law

NCAP has partnered with the Connecticut Pharmacy Association to offer The Pharmacist Refresher Course, an online course designed for pharmacists who wish to return to community pharmacy practice after an absence from practice for three or more years. The course consists of three modules, all of which have been approved for ACPE credits. The first two modules are completely online and composed of weekly study segments that allow course participants to work at their own pace, on their own time. The third module consists of a three-week, 90-hour live experience in a community pharmacy. Only those who participate in all three modules will earn a Pharmacist Refresher Course Certificate from Charter Oak State College. Those taking modules One and/or Two for personal enrichment will earn ACPE credits through CPA. This course will give home study law credit to any pharmacist wanting to learn about quality assurance strategies and North Carolina's pharmacy laws.

The QA/Law Course can be used to prepare for reciprocity into North Carolina, or for those who want an update on Pharmacy Law and Quality Assurance.

Students must follow a two-week course schedule. Online discussion boards and instructor monitoring and interaction keep you on track throughout the course. The course is offered the first two full weeks of every month. The registration deadline is the Thursday before each monthly course starts. This course is accredited by ACPE for 15 hours of home study law education. For more information visit www.ncpharmacists.org.

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North Carolina Pharmacist

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Inside

We're offering new membership renewal options

Once again it's time to renew your NCAP membership but this year, you have the option to change your renewal date. Many members have expressed interest in doing this so we've re-worked our data base to allow for year-round renewals. If you would like to change your renewal date please contact Teressa at teressa@ncpharmacists.org or call 919-967-2237. Keep the benefits of NCAP membership working for you and renew your membership today!

Has the "pharmacy practice change process" begun?

A Winston Churchill quote that I frequently use when speaking at graduation is: "This is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning."

Churchill used this after a successful battle won by England during the Second World War. I reflected on the quote as I left the NCAP Convention because I left with a strong impression that pharmacy practice was finally at the end of the beginning of the change to a new practice model. For a number of years I have been suggesting that the pharmacy practice model needs to change to be more in line with the JCPP 2015 Vision for Pharmacy Practice: "Pharmacists will be the health care professional responsible for providing patient care that ensures optimal medication therapy outcomes." I feel strongly about pharmacists assuming this role because I think this is what society needs most from our profession. Ideally, putting the right pill in the bottle needs to be a means to ensuring this new professional role rather than the end of our professional activity.

There are a lot of reasons that this change must happen. I know many pharmacists think they are "doing things right," and they are, but I am concerned that too many pharmacists are not doing the right things. I recently participated in a webinar in which the presenter tried to predict what prescription drug pricing schedule Medicaid would use in the future. He feels strongly that actual acquisition cost would become the norm, and many other programs will follow this lead. In my opinion, this will create even more pressure to reduce any extra margin from prescription drug reimbursement. Even if they increase the fee to what it actually costs to fill a prescription, the ability to keep that fee in line with inflation will be difficult at best. A pharmacy practice model that does not include new revenue streams for clinical services may not last beyond the next decade.

The other reason that I think our practice model needs to change is the growing recognition of how much non-adherence costs society. As we approach health care reform, emphasis will certainly focus on drug therapy outcomes. Pharmacists and pharmacy must be in the position to step up to the plate and make the right drug therapy outcomes happen. We don't do this very well in our current practice model in my opinion.

As I left the meeting on Tuesday afternoon I had the feeling that this message had been heard because there was so much energy present at our meting. We had over 800 people at the meeting, including almost 270 students. They heard Tom Menighan, CEO of the American Pharmacists Association, open our meeting by telling the audience that pharmacists are the solutions to our nation's medication use problems provided they take authority, function with autonomy, become accountable and focus on outcomes. I had the sense as I interacted with many participants that they heard the message and were accepting change and were energized by the opportunity.

Our meeting closed on Tuesday with Troy Trygstad, Pharmacy Director for North Carolina Community Care Networks, Inc., talking about the role of the pharmacist in the medical home. Troy's message was a great ending to our meeting. As he described what has happened with this program in the eight years he has been involved, I got a glimpse of how pharmacy practice might change as health care reform happens. He stated that we are two presidential cycles (8 years) away from bankruptcy of our current health care system. That means change is inevitable.

He described the expanding role pharmacists are assuming in the networks associated with community care. He mentioned that the model is not identical in each network as they experiment with the best way to empower the pharmacist. He mentioned how quickly the number of pharmacists employed has grown and how much growth he expects in the future. Tom Menighan had mentioned in his remarks that he was not too concerned by the pharmacist oversupply because he saw an opportunity for many more pharmacists engaged in drug therapy outcome management. North Carolina Community Care Networks program was a demonstration to me that this is really possible.

Troy closed the meeting expressing how advanced pharmacy practice in North Carolina is compared to many other states because of the work of the North Carolina health policy leaders and progressive pharmacists who set the foundation for where we are today. I left the meeting thinking we are poised for great advancement in North Carolina pharmacy, and NCAP is well positioned to be part of the solution.

Fred M. Eckel
Executive Director

North Carolina Association of Pharmacists
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Dear Members,

Do you remember that common question you were asked in college – "What's your major?" You would be asked and gladly respond "pharmacy" or "pre-pharmacy" or another healthcare field. In turn you would pose the question back, "What is your major?" I was reminded recently of a conversation I had years ago with an old high school friend. He had moved away from our small town his senior year and attended an elite liberal arts college in the Northeast. When I told him my major and what I was doing after college, he responded, "I did not go to college to have a trade or a job." The response shocked me and made me realize that some people, even some within the profession of pharmacy, do not see pharmacists as healthcare professionals. Think about what it means to be a professional. Does that merely mean showing up for a scheduled shift day after day? Do you work your eight and hit the gate? Do you see your position as a "trade" or merely a "job" or is it a calling, passion, or way of life? The pharmacy profession is poised for change and all pharmacists need to be ready. We need to convey our knowledge and professionalism to all our customers and begin 2011 as leaders in medication management.

NCAP continually advocates professionalism and the role of the pharmacist as a healthcare resource. From increasing membership to advocating for an expanded role as immunizers to convening to hear the latest in pharmacy practice, these past several months have been full of work *and* fun for NCAP members. From the September Membership Drive to the Immunization Task Force to the Annual Convention, NCAP members have been hard at work driving forward initiatives of the strategic plan. I am constantly amazed at the hard work and dedication from NCAP members as well as the contagious enthusiasm displayed in all projects.

This year's Annual Convention was amazing. I had many pharmacists taking the time to introduce themselves, shake my hand, and stop me in the ladies room to say, "This is the best NCAP meeting I have attended in my 30 years as a pharmacist." Wow! How do you top those comments and actions? For those of you who could not attend, please take the time to read about all the information that was presented as well as the list of award recipients. I always leave the convention feeling positive and excited about all the opportunities for pharmacy practice. Let's strive to keep that excitement going throughout the state.

2010 has been an exciting year for NCAP. As the old saying goes – *time flies when you're having fun* – and I have had my share of fun as NCAP President this year. I could not have completed my year as president without the support and assistance of the NCAP staff, board of directors, and committee chairs. It is truly a team effort. I wish to thank the membership for electing me to the role of president and I hope to continue to serve NCAP in other capacities. Thanks for the memories.

I hope the end of the calendar year finds you reflecting on your contributions to NCAP and the overall profession of pharmacy. Refresh your perspective of pharmacy practice. Work with other pharmacists in various practice settings to make the pharmacy profession exactly what you want it to be *–everyday, to everyone, all the time* - period.

Regards,
Regina H. Schomberg
President

Advancing Pharmacy. Improving Health.

Event nets 257 new members!

The NCAP Board of Directors hosted a membership event on September 14 that raised over $28,000 by recruiting 257 new members. Volunteers met at the Institute of Pharmacy to work against the clock, and against each other, in an all-day competition to sign up new members. The event was organized by Jackson Development Resources whose specialty is high energy membership campaigns that allow volunteers to conduct "out of the box" membership events while building the membership base for the association. The result was a full day of fun that included a celebration party complete with a roast and awards.

Pharmacist elected to NC General Assembly

Tom Murry is a pharmacist and attorney. In November 2010 he was elected to serve in the North Carolina State House representing District 41 in Wake County. He shares with us his outlook for the 2011 Long Session.

By Representative-elect Tom Murry, PharmD

For the first time in decades, the North Carolina General Assembly (NCGA) membership will include a pharmacist. I am glad to be afforded the opportunity to bring the perspective of a health care provider to the halls of the Legislative Building.

Health care providers are a definite minority in the North Carolina General Assembly. In 2011, there will be three physicians in the NC Senate; two dentists - one in the House and one in the Senate; and one nurse in the House. As the sole pharmacist, I am looking forward to earning the trust of my colleagues to help them understand the crucial role proper, effective medication therapy plays in health care issues. I hope to put the patients' perspectives first when weighing policy. I hope to illustrate that statistics and balance sheets paint only part of the true picture of effective health care.

I am anxious to demonstrate how the medical home model is more successful when patients are adherent to medication therapy. Pharmacy must be a part of the medical home to ensure that medication therapy is appropriate and that patients are adherent to their medication regimens. While it is clear to the pharmacy community that services provided by local pharmacists with local patients can help our state address the growing cost of health care, it is probably the best kept secret at the General Assembly. Or, perhaps, more accurately put, it is the most blindingly obvious overlooked fact.

Pharmacists in North Carolina have really stepped up to the plate in these tough economic times. Generic utilization has steadily increased every month this year, saving North Carolina taxpayers millions of dollars. Additionally, pharmacists played a major role in managing the H1N1 pandemic through robust public education and H1N1 immunization administration.

Keeping North Carolinians with diabetes, asthma, and heart disease out of the emergency room helps our state conserve scare health care dollars, making clear that a medical team including a pharmacist is crucial to achieving this outcome.

The challenges we as lawmakers will face in the 2011 session will be significant, but they are not insurmountable. That the budget shortfall is approaching $4 billion is common knowledge. In this era of double digit unemployment, making up the shortfall with tax increases would be unwise, insensitive and impossible. So the options of controlling spending, making government more efficient, and privatizing services when possible become more compelling. I applaud Governor Perdue in the first step to make government more efficient through the "Regulatory Review" initiative. As I stated during the campaign, I heard from countless business owners that the duplicative, cumbersome, and often conflicting regulations imposed by our state government make doing business impossible. In fact, I heard that such rulemaking may chill the creation of new businesses. On the other hand, I also heard that there were segments of the marketplace that seemed to be operating completely unchecked by our government, while similarly situated businesses in parallel industries seemed to be regulated out of business. I'm confident we will be able to level the playing field to help move all businesses in North Carolina forward by streamlining regulations and making them more fair, predictable, appropriate and relevant.

Over the past five years, I have had the pleasure of serving as an at-large member of the Morrisville Town Council. The lessons learned and the people I met in that role have prepared me well for service in the NC House. I am proud that I have put my constituents first and worked hard to be accessible to them. I am proud of my record for fiscal responsibility and promoting government transparency. The State of North Carolina needs a healthy dose of both, and I'm looking forward to contributing to that change.

The support I received from members of our profession was dramatic and humbling. I cannot adequately express my thanks to this community. Please know that I am not only proud to be a part of this community, but I am so grateful to have so many friends in pharmacy.

Now, please join with me in getting down to work in Raleigh!

Residency growth in North Carolina

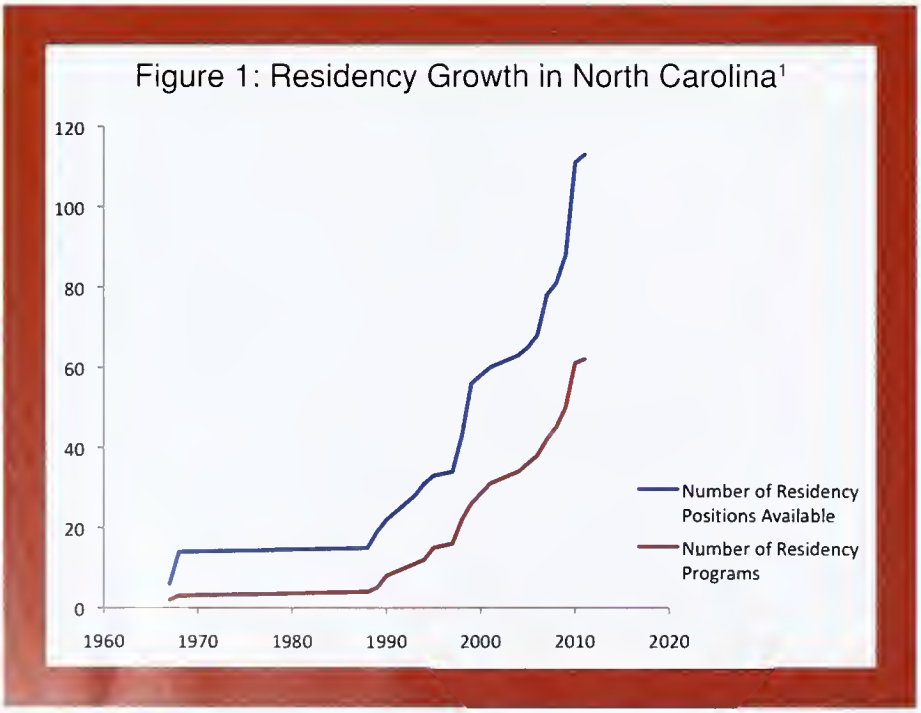
By Morgan Norris, PharmD
Executive Resident, NCAP

The pharmacy practice model as we know it, where the pharmacist stands behind a counter all day and fills prescriptions, is changing and so is the training that pharmacy graduates undergo. In today's patient-centered pharmacy practice more graduates than ever are competing for a coveted Post Graduate Year 1 or 2 (PGY1/2) residency position in order to be appropriately trained for the position they desire. The number of residency programs nationwide, and in North Carolina, have increased throughout the years to try and accommodate the demand.

In 1967, North Carolina offered a combined 24-month MS residency program at UNC, Duke, and Watts (now Durham Regional) hospitals.[1] Currently, North Carolina has 57 ASHP accredited residency programs, 32 PGY1s and 25 PGY2s along with a number of other residencies. Nationwide, there are more than 1,100 residency programs with more than 2,200 positions, of which, 106 are in North Carolina.[2,3] Figure 1 shows the growth of North Carolina residencies from 1967 to 2011. There are at least four new programs in North Carolina that are candidates for accreditation by ASHP.[2] In addition, programs that already exist are increasing the number of residents they accept, however, this does not compare to the growing number of applicants.

In 2010, more than 3,000 candidates participated in the ASHP residency match program vying for 2,276 positions in 1,171 residency programs (813 PGY1s and 358 PGY2s). By the end of the match, 1,800 residency positions were filled leaving more than 1,200 applicants to consider other options.[3] While there are many options for graduates, some are more desirable than others, e.g. a clinical position, pharmacy director, specialist, or professor. However, in order to obtain one of these positions, graduates need one of two things, experience or a residency, if not both. As the saying goes "one year of residency is equivalent to three years of practice,"[4] so many graduates look to residencies to advance their career. With that in mind, this is a likely reason for increased demand of residencies both nationwide and in North Carolina. Figure 2 shows the number of unmatched PGY1 positions and number of unmatched applicants over the last four years nationwide. Figure 3 shows the match results broken down by school for 2009 and 2010.

In 2010 the difference between the number of unmatched residency positions and unmatched applicants was more than 900. This number has grown considerably since 2007 when it was only 288. Why has this gap grown so much over the past 4 years? Maybe it has something to do with the current state of the economy and graduates' fear of not being able to find a job, or finding a job that they are not satisfied with; graduates may want to gain confidence, specialize in a certain practice area, or experience multiple practice areas. No matter the reason, the demand for pharmacy residencies clearly outweighs the supply and with ACCP's vision that was endorsed and modified by ASHP, stating "by 2020, residency training should become a prerequisite for entry into pharmacy practice,"[6] the



gap will most likely continue to grow. Although residency numbers in North Carolina have grown tremendously since 1967, residency growth still has a long way to go.

New residency programs, both nationwide and in North Carolina, are created yearly and more positions are added to current residencies; however, the rate of growth both nationally and in North Carolina is not adequate for every pharmacy graduate to complete a residency program their first year after graduation. With ACCP's vision on the horizon and the growing demand for pharmacy residencies, programs in North Carolina and nationwide will have to multiply, but at what rate? Over the past 40 years, North Carolina residency programs have increased more than 10 fold; will this same 10 fold rate increase be enough over the next 40 years or will the demand for residency programs cause the rate to be even higher? ❖

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Figure 2: Unmatched PGY1 Positions and Applicants[3]

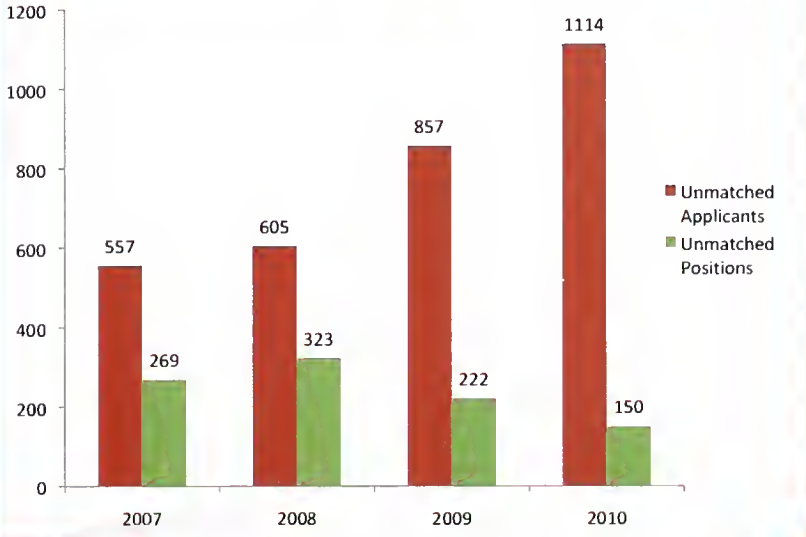
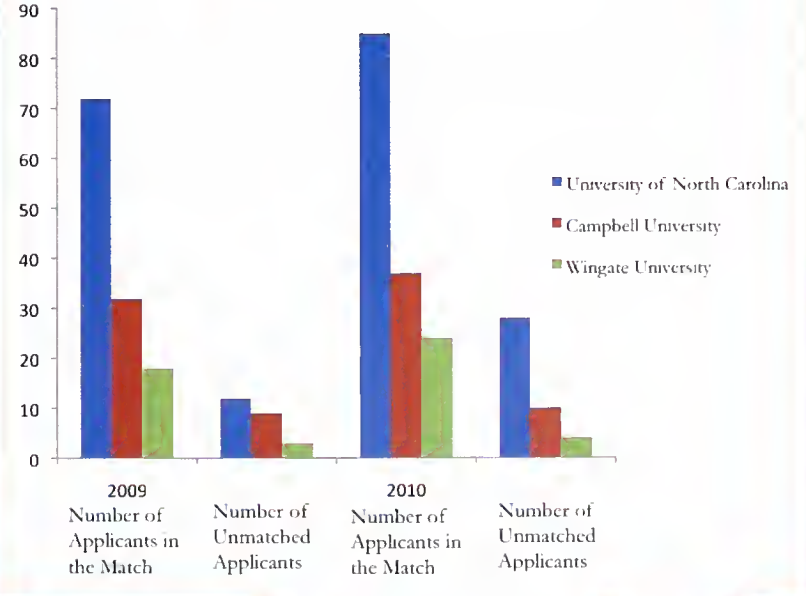


Figure 3: North Carolina Match Results by School[5]



NCAP's 2010 Annual Convention

October 24-26 at the Sheraton Imperial Hotel in RTP, NC

Over 800 pharmacy professionals attended NCAP's Annual Convention this year. The three-day meeting included a range of topics for all pharmacy practice settings as well as an MTM Certificate Training Program, a special presentation from APhA CEO Tom Menighan, OTC Jeopardy, exhibits, a Residency Showcase and pharmacy school receptions. Don Yeager, four-time *New York Times* bestselling author and long-time associate editor of *Sports Illustrated*, shared his "Sixteen Consistent Characteristics of Greatness" during his keynote presentation, "What Makes the Great Ones Great."

A special "Thanks" to our meeting sponsors and...

- ASHP Advantage supported by an educational grant from Novartis Oncology
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Talecris Biotherapeutics
Teva Neuroscience
United Way of the Greater Triangle
URL Pharma
VIP Pharmacy Software
Walgreens
Walmart Stores
Wells Fargo
Willingway Hospital

Fred Eckel presented the NCAP President's Award to Regina Schomberg.

In recognition of their outstanding service to NCAP, Regina Schomberg (left) presented two President's Service Awards. The recipients were Jennifer Noped (center) and Jennifer Gommer (right).

Fred Eckel (right) presented the Don Blanton Award to Mary Margaret Johnson for her contributions to the advancement of pharmacy in North Carolina.

Fred Eckel (right) presented the distinguished Pfizer Pharmaceuticals Bowl of Hygeia Award to Al Lockamy.

President Regina Schomberg presented the National Community Pharmacists Association Leadership Award to incoming President Cecil Davis.

Bobby Melnick of McKesson presented the McKesson Leadership Award to incoming NCAP President Cecil Davis.

Fifty Plus Club recipient James Ralph Hickmon. An additional recipient, Frank McCoy Hemingway, was not present.

GiGi Davidson received the University of North Carolina Eshelman School of Pharmacy Preceptor of the Year Award.

Abbie Crisp Williamson received the Distinguished Young Pharmacist Award from Pharmacists Mutual Companies.

Joy Greene (right) presented the Wingate University School of Pharmacy IPPE Preceptor of the Year Award to Joe Cosentino.

Phillip Thornton (right) presented the Wingate University School of Pharmacy APPE Preceptor of the Year Award to Jeremy Hodges.

Jennifer Mando-Vandrick received the Campbell University College of Pharmacy & Health Sciences Preceptor of the Year Award.

Joe Moose received the Upsher-Smith Laboratories Excellence in Innovation Award for demonstrating practice resulting in improved patient care.

Reducing barriers to patient counseling

By Ranan Mustafa, PharmD

Pharmacists are "communicators of critical information needed for safe medication use."[1] In practice, the North Carolina Board of Pharmacy (NCBOP) has directed that all patients with a new or transferred prescription must receive a counseling offer at the time of dispensing.[1] Even though incorporating this rule into daily practice may seem like a straightforward task to some, others have found it to be difficult. Pharmacists have identified several barriers to implementing this rule (Table 1).[2-4] This article provides effective techniques for (1) increasing the likelihood that an offer to counsel will be made, (2) increasing the likelihood patients accept the offer, and (3) using a quality assurance program to assure the pharmacy's counseling activities continuously improve quality and safety.

Increasing the likelihood of initiating an offer to counsel

Counseling barriers such as a demanding workload with inadequate support staff and the lack of reimbursement have led some pharmacists to forgo making a counseling offer. A recent observational study utilizing mock patients revealed that only 43% of these patients were presented with the offer to be counseled.[4] This study also revealed that 22% of prescriptions dispensed had errors, with 73% of these errors being wrong dosing instructions.[4] Dispensing errors such as these led the North Carolina General Assembly to pass the Pharmacy Quality Assurance Protection Act in 2005. This legislation requires North Carolina pharmacists to participate in a quality assurance program to enhance the quality of health care and reduce the incidence of medication errors. Quality assurance programs that improve the effectiveness of the "offer to counsel" will decrease the risk of medication errors such as the wrong dose, medication, or instructions.

Instead of thinking about patient counseling as an "all-or-none" activity, a triaged approach may be an effective use of limited resources. While the pharmacist manager has a duty to assure compliance with NCBOP regulations on all new and transferred prescriptions by making an offer to counsel, the *intent of the regulation* is to assure that the offer is accepted and that effective counseling occurs. Therefore, the pharmacy's counseling program could be designed so that prescriptions most likely to cause an adverse event receive highly effective counseling offers. Prescriptions associated with higher adverse event rates include: narrow therapeutic index drugs, high alert drugs (e.g. anticoagulants and chemotherapy), pediatric/elderly patients, and those with complex dosing instructions. The decision to counsel on refill prescriptions is driven by patient request, individual circumstances and professional judgment.[1]

Ensuring patient acceptance of offer

Table 2 lists several reasons that patients decline offers for counseling. Even though patients have the right to decline offers for counseling, it is the pharmacist's responsibility to ensure these offers are incorporated into their daily practices. The type of offer has a significant role in its acceptance (Table 3).[4] The NCBOP states that the "offer to counsel shall be done in a positive, encouraging manner."[1] The use of open-ended questions to initiate a counseling offer may yield a greater acceptance rate than using closed-ended yes/no questions.[4] This idea stems from the fact that many patients do not know what they should know about their medication if they are simply asked, "do you have any questions."[4] Recent evidence also indicates that patients incorrectly believe that they are signing for receipt of their medication when in actuality, they are declining an offer for counseling.[4] A review of how the offer is made to patients and improving the effectiveness of this offer may encourage greater acceptance by patients.[4]

Table 1. Barriers to counseling[2-4, 7]

- Demanding workload with inadequate support staff
- Self-perceived inadequacy in knowledge or communication skills
- Inadequate counseling space (risk of HIPAA violations)
- Language barriers and/or limited patient health literacy
- Lack of employer reinforcement
- Minimal or no reimbursement for services
- Lack of patient acceptance of offer

Table 2. Reasons patients decline offers to counsel[4, 6-7]

- Ineffective offers
- Perception of imposing on a "busy" pharmacist
- Time restraints by patient (e.g. children, transportation)
- Feeling of already knowing everything about the medication from the prescribing physician
- Language barriers and/or limited health literacy

Assessing and assuring continuous improvement

Regardless of the current level of effectiveness or the degree of compliance with counseling regulations, every pharmacy has an opportunity for improvement. Measuring and documenting (within the legal protections of the pharmacy's QA program) the effectiveness of a counseling

Table 3. Examples of effective versus ineffective counseling offers[4]

Effective Offers	*Ineffective Offers*
"The pharmacist would like to speak with you about your medication before you leave."	"Do you have any questions?"
"The pharmacist would like to discuss with you some safety information about your medication."	"Do you want counseling?"
"There is new information about your medication that the pharmacist would like to discuss with you."	"Please sign here."

program is essential to assure that continuous improvements have been made. Your pharmacy may decide to assess and trend the percentage of targeted prescriptions (e.g. narrow therapeutic index drugs) that included counseling. With such data, the pharmacist is able to assess and trend the number of offers that were accepted by patients over time. Analysis of these trends may help pharmacists understand where improvements are needed (i.e. pharmacist offers vs. patient acceptance).

In addition, examining the causal factors and circumstances around potential and actual errors through a pharmacy's QA program may reveal which of these errors were preventable with counseling. For example, the QA program can trend the number and type of errors that would have been prevented if counseling was done. Another trend to measure would be the number of potential errors that were detected at the time of counseling (i.e. pharmacy errors or patient errors). Through the implementation of a quality assurance program, this data may reveal how counseling would have prevented certain errors from occurring as well as any workflow changes needed to avoid repeating these errors.

This article identifies ways of increasing the chance that patients will accept counseling offers, yet there may be other barriers and opportunities that are specific to your pharmacy. The implementation of a QA program with a special emphasis on patient counseling will help identify the issues specific to your practice. ❖

About the Author...
Ranan Mustafa was a 2010 Doctor of Pharmacy candidate at UNC Eschelman School of Pharmacy when she wrote this article while completing a medication safety clerkship rotation with SecondStory Health, LLC in Carrboro, NC.

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Senator Hagan promotes importance of pharmacist-provided MTM

By Ryan Swanson, PharmD
Clinical Coordinator, Kerr Health

In August, North Carolina's freshman US Senator, Kay Hagan, visited a Kerr Drug store in Raleigh to promote the pharmacist's role in helping patients manage chronic diseases. During her brief time in Washington, Senator Hagan has championed the role of the pharmacist, particularly with respect to pharmacist-provided MTM services. The Senator's visit to Kerr Drug highlighted the culmination of her support for a bill entitled "The Medication Therapy Management (MTM) Expanded Benefits Act." The goal of the bill, the Senator says, is to save both lives and health care dollars.

Since 2007, North Carolina seniors with Medicare Part D prescription coverage have participated in a statewide MTM program entitled "ChecKmeds NC." The program, commonly referred to as "ChecKmeds," is funded by the NC Health and Wellness Trust Fund. Eligible patients are entitled to an annual Comprehensive Medication Review (CMR) through a face-to-face encounter with a pharmacist. Outcomes Pharmaceutical Health Care, the company that manages the ChecKmeds billing platform, estimates that North Carolina pharmacists have saved the health care system millions of dollars through thousands of pharmaceutical interventions via the ChecKmeds NC program.

(left to right) Abby Caplan, PharmD, Clinical Coordinator at Kerr Drug in Zebulon; Senator Hagan; Kerr Drug patient; Shanna O'Connor, PharmD, PGY2 Community Pharmacy/Academia Resident with Kerr Drug/UNC.

Nationwide, though, fewer than thirteen percent of seniors with Medicare coverage are currently eligible to participate in a MTM program. While the recently-passed health care reform legislation will expand MTM programs nationally, many seniors still will not be eligible for a Medicare-sponsored one-on-one counseling session with their pharmacist to discuss their medications. Senator Hagan's bill seeks to change that by allowing any senior with a minimum of one chronic illness to have the benefit of pharmacist-provided medication therapy management.

"This bill will allow seniors with one chronic condition, such as diabetes or heart disease, to bring all of their medications to the pharmacy and ensure they are following doctor's orders," said Hagan. "If more seniors properly follow their medication regimens, we can save lives and Medicare dollars. These programs have already helped North Carolina save money, and our seniors have avoided countless health care problems. I will be working with my colleagues to advance this important bill in Congress."

During her visit to Kerr Drug, the Senator met with several Kerr pharmacists who provide MTM to their patients on a daily basis. Shanna O'Connor, a second-year Community Pharmacy/Academia Resident with Kerr Drug and the UNC Eshelman School of Pharmacy, conducted an MTM session with a Kerr Drug patient to demonstrate the benefits of MTM to Senator Hagan. "[Sen. Hagan's] presence in the pharmacy helped to show her interest in healthcare and the importance of legislation in forwarding the advancement of the profession," commented O'Connor. "As a new pharmacist practicing in the outpatient setting, I am excited to see the expansion of MTM opportunities for pharmacists. I believe that MTM offers the chance for clinical activities to permeate the whole of a pharmacist's practice, particularly in the community," she said.

Mark Gregory, Kerr Drug's Vice President of Pharmacy and Government Relations, was also on hand for Senator Hagan's visit. He stressed the importance of providing opportunities for lawmakers to see firsthand how pharmacists are positively impacting their patients' lives. "It is critical to open community pharmacy doors for visits by legislators to hear the levels of confidence pharmacists have helping manage patients' medications, and to hear the quality of life improvement testimonials directly from patients," Gregory noted. ❖

calendar

January 14-16:
Girls of Pharmacy, Asheville, NC

March 22:
Pharmacy Day in the Legislature, Raleigh, NC

March 24-26:
Acute Care Practice Forum Meeting, Winston-Salem, NC

March 31-April 1:
Chronic Care Practice Forum Meeting, Concord, NC

July 8:
Residency Conference, Greensboro, NC

Oct. 23-25:
Annual Convention: October 23-26, Greensboro, NC

More information at www.ncpharmacists.org

CCPF Pharmacist of the Year

NCAP's 2010 Community Care Practice Forum Meeting, held in collaboration with NC Mutual Wholesale Drug Co., took place August 6-8 at the Sheraton Myrtle Beach Convention Center Hotel in Myrtle Beach, SC. Tasha Michaels received the NCAP Community Care Pharmacist of the Year Award. Pictured above, James Bowman, past chair, Tasha Michaels, and current Community Care Practice Forum Chair Jennifer Askew Buxton.

Helpful advice for those attending ASHP Midyear

By Minal Patel, PharmD, BCPS and Kira Brice, PharmD, BCPS

The ASHP Midyear Clinical Meeting, held yearly in December, provides a great opportunity for students and new practitioners to gain knowledge and network with colleagues from across the country. There are numerous educational sessions with topics varying from healthcare reform to palliative care, and from emergency medicine to women's health; something for everyone! For students interested in postgraduate residencies and/or fellowships, the residency showcase provides an opportunity to learn more about various programs. For those seeking a PGY-2 residency or a more permanent position, Personnel Placement Service (PPS), a recruitment event held during the meeting, allows for initial interactions with potential employers. Certain PGY-1 residencies may also recruit via PPS. In addition, ASHP provides a networking lounge for first time attendees as well as a separate new practitioners' lounge throughout the week.

If you are attending the meeting primarily to learn more about different residencies, there are a couple of things to remember. The residency showcase can be quite large and chaotic. Be sure to study the showcase schedule and layout beforehand to determine when and where the residency programs will be available and plan your time accordingly. It is highly recommended that you arrive at the beginning of the showcase to allow for ample time at each the programs in which you are interested. It may be helpful to develop a list of qualities you are seeking in a residency program and a list of questions to ask residency directors and current residents. If you are planning on speaking with a large number of programs, you may want to keep a journal of your thoughts on each one. This will aid in your decision making later on.

Many attendees use PPS to search for PGY-2 specialty residencies or to begin the job hunting process. It is advisable to search for, and contact, potential employers to set up interview times prior to arriving at the Midyear meeting. Employers and applicants are assigned a mailbox in the PPS area to allow the exchange of information, including application materials and interview invitations. It is a great idea to check your assigned mailbox regularly to ensure reception of these materials and to make the best use of your time. Try to leave at least 15 minutes of cushion time in between interviews to allow for any unforeseen circumstances. Reviewing common interview questions and developing questions for the interviewers will better prepare you for the interview process at PPS. If you do become ill or have to cancel an interview, be sure to contact your interviewer to inform him/her of your inability to attend. Also, bring your thank you notes, and try to hand-write them in between interviews, while the interview is still fresh in your mind.

Whether you are attending the meeting for the residency showcase or PPS, don't forget your business cards and your CV. Make sure you have someone proofread your most recent CV before printing on good quality paper. Business dress, with comfortable shoes, is recommended for the residency showcase as well as PPS interviews because the meeting location is typically in a large convention center. Remember, first impressions can be the most important. For more information, check out the Helpful Midyear Tidbits handout in the New Practitioner Network area at www.ncpharmacists.org. Good luck!

New Practitioner Spotlight:

C. Brock Woodis

Brock Woodis, PharmD, BCPS, CPP is a native of Alabama where he attended the University of Alabama at Birmingham and received his Bachelor of Science degree in biology in 2001. He continued his education at Auburn University, obtaining his Doctor of Pharmacy degree in 2005. When considering residency training, Brock was very impressed with how progressive pharmacy practice was in North Carolina, as well as the numerous outstanding programs that were available in the state. For these reasons, he completed both a PGY-1 residency at Wake Forest University Baptist Medical Center in Winston-Salem, and a PGY-2 residency in family medicine/pharmacotherapy at the University of North Carolina Hospitals and Clinics in Chapel Hill. In 2006, he became a Board-Certified Pharmacotherapy Specialist (BCPS) and just recently became a Clinical Pharmacist Practitioner (CPP).

Currently, he is an Assistant Professor of Pharmacy Practice with Campbell University College of Pharmacy and Health Sciences. In this role, he serves as an ambulatory care preceptor for fourth-year PharmD students on experiential rotations and has on-campus teaching responsibilities. In addition, he is an Assistant Professor in the Department of Community and Family Medicine in the Duke University School of Medicine and practices as a clinical pharmacy specialist at Duke Family Medicine (DFM). At DFM, he is involved in a variety of services including chronic disease state management, patient education, clinical consultation, resident teaching, and committee participation.

Brock has served for the past year on the NCAP Membership Committee and as the NPN Acute Care Practice Forum Liaison. He is involved in NPN for a number of reasons including personal and professional development, access to mentoring relationships, and numerous opportunities for networking. He also states, "I think that it is extremely important to be involved with state organizations and promote the pharmacy profession. Now is a fantastic opportunity for further expansion of the scope of pharmacy practice." ❖

Check out the recent additions to the NPN area of the NCAP Web site:

- Toolkit for Fostering Mentor-Mentee Relationships
- Toolkit for Inviting Legislators to Your Workplace

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Pharmacy Time Capsules

1985: Twenty-five years ago:

• Prescription revenue in community pharmacies accounted for 62% of total sales.

• First Pharmacy in the 21st Century held in Millwood, VA. Attendees represented 8 pharmacy associations and 9 manufacturers. While no consensus developed, 3 later P=21 Conferences helped support the move to pharmaceutical care and the acceptance of the PharmD degree.

• Invitational Conference of Directions for Clinical Practice in Pharmacy (The Hilton Head Conference) focused on the role of clinical pharmacy primarily in the institutional setting.

• There were 72 accredited colleges of pharmacy in the US (including Puerto Rico)

1960: Fifty years ago:

• 109 companies introduced 45 new chemical entities and 98 new dosage forms.

• In the first large scale use of Sabin oral polio vaccine in the US 180,000 school children were vaccinated.

• 50% of US hospitals lack the services of registered pharmacists.

• There were 75 accredited colleges of pharmacy in the US (including Puerto Rico).

1935: Seventy-five Years Ago:

• Over 18% of community pharmacies were operating at a loss compared to 1932 when 34% were in the red.

1910: One hundred years ago:

• There was an average of 1500 pharmacy graduates annually. However, not all states required graduation as a prerequisite for licensure.

• There were 26 colleges of pharmacy represented at the annual meeting of the American Conference of Pharmaceutical Faculties (now the American Association of Colleges of Pharmacy).

By Dennis B. Worthen, Lloyd Scholar, Lloyd Library and Museum, Cincinnati, OH

One of a series contributed by the American Institute of the History of Pharmacy, a unique non-profit society dedicated to assuring that the contributions of your profession endure as a part of America's history. Membership offers the satisfaction of helping continue this work on behalf of pharmacy, and brings five or more historical publications to your door each year. To learn more, check out: www.aihp.org

Frances Nicholson (seated left) and Jennifer Larsen (right) perform blood glucose tests as Hoang Nguyen and Sara Dixon look on.

Students Educate Cumberland Seniors

UNC pharmacy students from Southern Regional AHEC participated in Senior Day at the Cumberland County Fair on September 24. They educated seniors about their medications and various disease states, particularly diabetes and hypertension, at their "Ask The Pharmacist" booth. They also provided approximately 200 blood pressure readings, performed more than 150 blood glucose tests and informed seniors about the state's CheckMeds NC program. According to the Centers for Disease Control and Prevention, in 2007 approximately 11.8% of Cumberland County residents had diagnosed diabetes. Senior Day provided the pharmacy students an opportunity to reach out and help those in need of medication and disease state education.

Online Offerings: Pharmacist Refresher Course & QA/Law

NCAP has partnered with the Connecticut Pharmacy Association to offer The Pharmacist Refresher Course, an online course designed for pharmacists who wish to return to community pharmacy practice after an absence from practice for three or more years. The course consists of three modules, all of which have been approved for ACPE credits. The first two modules are completely online and composed of weekly study segments that allow course participants to work at their own pace, on their own time. The third module consists of a three-week, 90-hour live experience in a community pharmacy. Only those who participate in all three modules will earn a Pharmacist Refresher Course Certificate from Charter Oak State College. Those taking modules One and/or Two for personal enrichment will earn ACPE credits through CPA. This course will give home study law credit to any pharmacist wanting to learn about quality assurance strategies and North Carolina's pharmacy laws.

The QA/Law Course can be used to prepare for reciprocity into North Carolina, or for those who want an update on Pharmacy Law and Quality Assurance.

Students must follow a two-week course schedule. Online discussion boards and instructor monitoring and interaction keep you on track throughout the course. The course is offered the first two full weeks of every month. The registration deadline is the Thursday before each monthly course starts. This course is accredited by ACPE for 15 hours of home study law education. For more information visit www.ncpharmacists.org.

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10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.)

Full Name	Complete Mailing Address
North Carolina Association of Pharmacists	109 Church St Chapel Hill, NC 27516

11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box → ☒ None

Full Name	Complete Mailing Address

12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one)
The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes:
☐ Has Not Changed During Preceding 12 Months
☐ Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)

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13. Publication Title	14. Issue Date for Circulation Data Below
North Carolina Pharmacist	2009-2010

15. Extent and Nature of Circulation			Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies (Net press run)			4727	2200
b. Paid Circulation (By Mail and Outside the Mail)	(1)	Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	4075	1848
	(2)	Mailed In-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	76	76
	(3)	Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid Distribution Outside USPS®	—	—
	(4)	Paid Distribution by Other Classes of Mail Through the USPS (e.g. First-Class Mail®)	—	—
c. Total Paid Distribution (Sum of 15b (1), (2), (3), and (4))			4151	1924
d. Free or Nominal Rate Distribution (By Mail and Outside the Mail)	(1)	Free or Nominal Rate Outside-County Copies included on PS Form 3541	—	—
	(2)	Free or Nominal Rate In-County Copies included on PS Form 3541	—	—
	(3)	Free or Nominal Rate Copies Mailed at Other Classes Through the USPS (e.g. First-Class Mail)	100	25
	(4)	Free or Nominal Rate Distribution Outside the Mail (Carriers or other means)	350	100
e. Total Free or Nominal Rate Distribution (Sum of 15d (1), (2), (3) and (4))			450	125
f. Total Distribution (Sum of 15c and 15e)			4601	2049
g. Copies not Distributed (See Instructions to Publishers #4 (page #3))			126	151
h. Total (Sum of 15f and g)			4727	2200
i. Percent Paid (15c divided by 15f times 100)			90%	94%

16. Publication of Statement of Ownership
☐ If the publication is a general publication, publication of this statement is required. Will be printed in the _____ issue of this publication. ☐ Publication not required

17. Signature and Title of Editor, Publisher, Business Manager, or Owner: EDITOR — Date: 10/1/10

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

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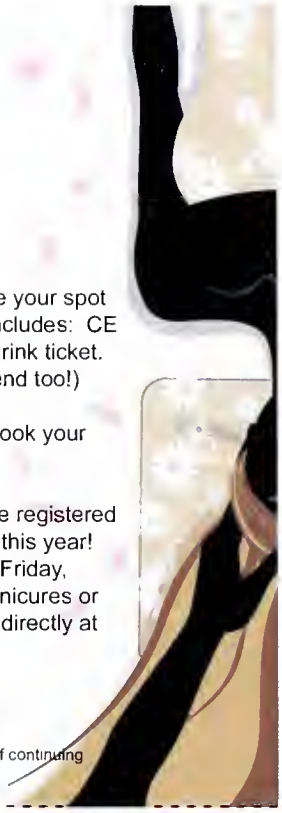
Southeastern *Girls of Pharmacy* Leadership Weekend 2011

January 14-16, 2011 • Grove Park Inn, Asheville, NC



Gather your girlfriends for a weekend of fun, facts, and facials! Register today to ensure your spot at the 2011 Southeastern "Girls of Pharmacy" Leadership Weekend. Full registration includes: CE programming, event materials, two breakfasts, and one dinner reception with included drink ticket. Extra reception tickets can be purchased separately. (Men - Don't be shy! You can attend too!)

Rooms are available at the Grove Park Inn for $140 per night. Call (800) 438-5800 to book your room today.

Spa appointments are available for reservation through the Grove Park Inn. You must be registered for the event to make reservations through SCPhA's reserved appointment times. New this year! Attendees are entitled to a 15% treatment discount on services booked before noon on Friday, January 14th and after noon on Sunday, January 16th. This discount is not valid on manicures or pedicures and cannot be combined with any other discounts or packages. Call the spa directly at 828-253-0299 to make your reservations today.

For questions, please call 803.354.9977.

South Carolina Pharmacy Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This activity is eligible for ACPE credit, see final CPE activity announcement for specific details

Name_____ □ RPh □ Technician Lic/Reg #_____

Address_____

City, State, Zip_____

Phone_____ Email_____

Registration Fees (Guest registrations DO NOT include CE credit but do cover meal function costs):

□ Full Participating State Association Member (w/ CE) $205; State: □ GA □ KY □ NC □ SC □ TN □ VA
□ Full Non-Member (w/ CE) $300
□ Full Guest rate (no CE, includes all meals) $125; Guest of:_____
□ Additional Friday Night Dinner Reception Tickets ($60 each) Qty. _____ x $60 = $_____
□ I would like to add a student sponsorship ($125)

Event PharmDiva Shirts:
Short Sleeve ($20 each): ___Small ____Medium ____ Large ____ XLarge ____ XXLarge
Long Sleeve ($25 each): ___Small ____Medium ____ Large ____ XLarge ____ XXLarge
Additional PharmDiva apparel and accessory options are available for purchase at www.pharmdiva.com.

Total to be charged: $_____Method of Payment: □ Check; Check #_____ *Please make checks payable to SCPhA*
Please charge my: □ Visa □ AMEX □ MasterCard □ Discover
Credit Card #_____ Exp. Date_____ CCV #_____
Cancellation Policy You must notify SCPhA in writing at least five business days before the meeting to be eligible for a refund, minus a $10 processing fee No refunds will be given for late cancellations or no-shows. Please note that the threat of inclement weather shall not be sufficient to override our cancellation policy

Return to SCPhA at 1350 Browning Road, Columbia, SC 29210 or via fax to 803.354.9207.
You can also register online at www.scrx.org.